# DRAFT HEALTH FRAMEWORK ADDENDUM

The Draft Health Framework Addendum will be presented to the State Board for Action in March 2002.

# Topics for the Health Framework Addendum

as approved by the State Board of Education

**Background Content**

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| 1. Research based findings related to comprehensive school health programs, e.g., recent research showing efficacy of different drug abuse prevention strategies.* |
| 2. Information regarding assets-based approach-positive factors that influence successful outcomes, such as support, boundaries, commitment to learning and positive values (similar to resiliency factors) and linkages to early prevention of multiple "high risk" behaviors.* |
| 3. Content and recommendations from *Schools and Health* (1997), issued by the National Research Council's/National Academy of Science's Institute of Medicine. This is a landmark document, providing important recommendations regarding comprehensive school health and research-based findings e.g., cost-effectiveness of health education.* |
| 4. Updated list of research articles, new documents, and available resources (including high quality Internet sites).* |
| 5. Updated statistics (national and Ca.) related to students' health-related behaviors.* Description of how local agencies can use data to improve their programs. (e.g. Healthy Kids Survey, Youth Risk Behavior Survey, California Student Survey and School Health Education Profile). |
| 6. Definitions of terms - "coordinated school health" vs. comprehensive school health.* |

**Program Implementation**

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| 7. Updated description of programs such as Healthy Start (which was very new when the framework was originally written). |
| 8. Description of roles of local advisory or coordinating councils for school health.* |
| 9. Medical issues encountered in schools e.g., dispensing medications (prescription and over-the-counter), universal precautions, and medical procedures (such as blood glucose testing). |
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| 10. Update *Education Code* sections. |

**Curriculum and Instruction**

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| 11. How to design the curriculum across various health content areas so students can meet the framework's grade level expectations or local standards, and effective use of available resources (e.g Healthy Kids Resource Center) for classroom teachers and school health leaders.* |
| 12. A description of how specific health content areas (e.g., nutrition, alcohol/tobacco/drug prevention and growth and development) relate to and are addressed by the grade level expectations and unifying ideas.* |
| 13. Instructional strategies not already addressed in the framework or other documents, e.g., how to teach refusal skills, handling peer pressure, and mental health. |
| 14. Guidelines for local educators on how to evaluate the quality of Internet sites and their content.* |
| 15. Reinforce topics such as conflict resolution, violence prevention, and stress management. (Includes bullying issues) |
| 16. Strategies for addressing children and adolescents who may be at risk of suicide. |
| 17. Adapting strategies to address needs of special populations, including Special Education, foster students, homeless students, pregnant and parenting students, and court/community youth. |

* indicates contract writer will have primary responsibility

# HEALTH FRAMEWORK ADDENDUM

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## 1. THE IMPORTANCE OF RESEARCH-BASED PROGRAMS

In recent years there has been an increasing emphasis throughout elementary and secondary education on higher standards, accountability, and results. Given this new environment, effective, research-based programs and curricula are as important to school health as they are to any other part of the curriculum.

Several health education topics such as tobacco, alcohol and other drugs, nutrition, and HIV/AIDS prevention have received categorical funding. Of course, accountability for effectiveness accompanied this funding. The Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH) has a particular interest in prevention programs related to those risk factors that are known to be the major causes of morbidity and mortality in the United States.

For example, DASH has focused their "Programs That Work" project on HIV/AIDS and tobacco prevention. Its purpose is to identify school health education programs that are effective and achieve their intended results with students.

CDC defines the following criteria for their "Programs That Work" project. The program must:

- Be an educational program that is a complete curriculum program or package, not just a single component such as a video;
- Involve a classroom or other group setting;
- Contain specific content related to the program's health focus, e.g., tobacco use or sexually transmitted diseases;
- Target a study population of school-age youth, particularly middle school through high school;
- Include an intervention group and a control or comparison group in the research design;
- Conduct follow-up measurement at least four weeks after the intervention ends;
- Publish or have accepted for publication a report of the study in a peer-reviewed journal such as a professional publication focusing on school health, psychology, or alcohol and other drug abuse prevention;
- Measure specific risk behaviors and health outcomes related to the content of the program or curriculum;
- Find an association between exposure to the intervention and at least one specifically defined positive outcome related to the targeted health risk behavior;
- Be usable by the average teacher, with appropriate training.

During the "Programs that Work" review process, CDC appoints an expert evaluation panel to assess the validity of the program's evaluation and an expert program panel to assess the feasibility of replicating the program. If both panels recommend adoption, CDC designates the curriculum as a Program that Works.

In California, a similar Department of Education initiative has been the development of a series of guides and professional literature reviews under the general rubric of *Getting Results* (see Appendix). Established in conjunction with California's federally funded Safe and Drug-Free Schools and Communities program, and the state funded Tobacco Use Prevention Education

program, *Getting Results* emphasizes the need for careful selection of research-based practices. These criteria can be used for the selection of any health curriculum or program and they include:

- The program is based on theory that is accepted by experts
- The theory provides a logical explanation of why the program should work.
- The program produced the desired changes in the target population.
- The research was conducted by reputable researchers and published in a reputable journal (preferably a peer-reviewed or referred journal).
- The study used a rigorous evaluation design.
- The study shows few negative effects.
- The study was replicated at more than one site.
- The program was implemented by school staff in the study.
- The students were similar to students in our district.
- The program appears to be cost-effective.

Although the need for effective, research-based programs and curricula is paramount, the process of selecting and implementing school health programs can be just as important. Establishing a good match between what a particular program offers and the school district's unique needs is a central element of that process. "No single curriculum or scientifically validated prevention strategy," writes education researcher J. Fred Springer (1999), "will replace the skill and judgment of program designers and deliverers in constructing programs that make sense in their schools and communities." Thus, although scientific research is playing an increasingly important role in the implementation of school health programs, careful selection and implementation of such programs continues to be central to their success.

## References

Springer, J.F. 1999. Beyond the magic bullet: How we can achieve science-based prevention. In: *Getting Results: Developing Safe and Healthy Kids, Update 1*, California Department of Education, 1999.

For more information on Programs That Work, contact: CDC@www.cdc.gov/nccdphp/dash/

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## 2. POSITIVE YOUTH DEVELOPMENT, ASSET DEVELOPMENT, AND RESILIENCY

The concept of positive youth development, often in association with the development of *resiliency* and developmental *assets* among youth, has gained wide attention and support among proponents of coordinated school health programs. To a great extent, this is the result of a growing body of psychological and sociological research on the development of youth that links individual resiliency and developmental assets with health promotion and disease prevention.

Before proceeding, it is important to establish a definition of terms that are most often encountered in the youth development approach.

- **Resiliency** - The ability to bounce back in the face of adversity; the ability to weather the effects of stress, insult and injury. An area of research and practice grounded in environmental and psychological factors that help children transcend adversity.
- **Youth Development** - An approach that helps youth build strong relationships with others learn new skills, and give back to the community.
- **Developmental Assets** - The building blocks of human development such as family support, creative activities, and achievement motivation that promote health and protect young people from risk-taking behaviors.
- **External Protective Factors** - Peer, family, school and community influences on youth attitudes, perceptions and behaviors. External supports and opportunities such as caring relationships, high expectations, and opportunities to participate and contribute.
- **Internal Protective Factors** - Individual attitudes, perceptions, and behaviors (e.g. self-efficacy, positive beliefs about self).

Pioneering research on resiliency was done by the psychologist Emmy Werner, who for more than three decades studied the development of 700 children born on the island of Kauai. As described by Benard (1998), about one-third of the children were at significant risk for a variety of personal and health problems. Yet when studied at the age of 18, about one-third of these high-risk children were “doing well in getting along with parents and peers, doing fine in school, avoiding serious trouble, and having good mental health.” A follow-up study of the same cohort at age 32 found that some two-thirds of the high-risk adolescents at age 18 had become healthy, competent, caring, successful adults.

An analysis of these findings led Werner to theorize that, despite stressful childhood environments that placed them at high risk for numerous personal and health-related problems, many individuals develop “protective factors” that help them to function successfully and effectively throughout their lives. Key protective factors in individuals, according to Werner’s research, include:

- The development of social skills that enable them to reach out to family members and others for support;
- The presence of a committed caregiver, particularly during the first year of life;
- A broad community support system (Benard, 1998).

As interest in the concept of protective factors grew, health educators and youth advocates increasingly questioned major assumptions on which youth-focused health promotion and disease prevention programs traditionally have been based. The dominant model, observes Peter L. Benson (1999), a leading researcher on developmental assets in young people with the Search Institute, focuses on the concept of deficit reduction—"naming, counting, and reducing the negative," i.e., risks to young people's health and well-being. The converse is a focus on positive aspects of young people's development—protective factors and developmental assets that help young people to function and grow in ways that lead to personal success, competence, effectiveness, health, and well-being. Researcher Michael D. Resnick (1999) writes that a major assumption of the positive youth development approach is that "young people are resources to be treasured and developed, not problems to be solved." The Search Institute's research that resulted in naming 40 assets is widely used.

## Search Institute's 40 Developmental Assets

Search Institute is an independent, nonprofit, nonsectarian organization whose mission is to advance the well-being of adolescents and children by generating knowledge and promoting its application.

The heart of the Search Institute are the 40 developmental assets, created in 1990 and is grounded in research on child adolescent development, risk prevention and resiliency. Research surveys of over one million 6th and 12th grade young people who experience these assets are more likely to make healthy choices and avoid a wide range of high-risk behaviors.

## External Assets

*Support*

1. **Family support –** Family life provides high levels of love and support.
2. **Positive family communication –** Young person and her or his parent(s) communicate positively, and young person willing to seek advice and counsel from parents
3. **Other adult relationships –** Young person receives support from three or more non-parent adults.
4. **Caring neighborhood –** Young person experiences caring neighbors.
5. **Caring school climate –** School provides a caring, encouraging environment.
6. **Parent Involvement in schooling –** Parent(s) are actively involved in helping young person succeed in school.

*Empowerment*

7. **Community values youth –** Young person perceives that adults in the community value youth.
8. **Youth as resources –** Young people are given useful roles in the community.
9. **Service to others –** Young person serves in the community one hour or more per week.
10. **Safety –** Young person feels safe at home, school, and in the neighborhood.

*Boundaries and Expectations*

11. **Family boundaries –** Family has clear rules and consequences and monitors the young person's whereabouts.
12. **School boundaries –** School provides clear rules and consequences.

13. **Neighborhood boundaries –** Neighbors take responsibility for monitoring young people's behavior.
14. **Adult role models –** Parent(s) and other adults model positive, responsible behavior.
15. **Positive peer influence –** Young person's best friends model responsible behavior.
16. **High expectations –** Both parent(s) and teachers encourage the young person to do well.

*Constructive Use of Time*

*17.* **Creative activities –** Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
*18.* **Youth programs –** Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
*19.* **Religious community –** Young person spends one or more hours per week in activities in a religious institution.
*20.* **Time at home –** Young person is out with friends "with nothing special to do" two or fewer nights per week.

## Internal Assets

*Commitment to Learning*

*21.* **Achievement motivation –** Young person is motivated to do well in school.
*22.* **School engagement –** Young person is actively engaged in learning.
*23.* **Homework –** Young person reports doing at least one hour of homework every school day.
*24.* **Bonding to school –** Young person cares about her or his school.
*25.* **Reading for pleasure** – Young person reads for pleasure three or more hours per week.

*Positive Values*

26. **Caring –** Young person places high value on helping other people.
27. **Equality and social justice –** Young person places high value on promoting equality and reducing hunger and poverty.
28. **Integrity –** Young person acts on convictions and stands up for her or his beliefs.
29. **Honesty –** Young person "tells the truth even when it is not easy"
30. **Responsibility –** Young person accepts and takes personal responsibility.
31. **Restraint –** Young person believes it is important not to be sexually active or to use alcohol or other drugs.

*Social Competencies*

*32.* **Planning and decision making –** Young person knows how to plan ahead and make choices.
*33.* **Interpersonal competence –** Young person has empathy, sensitivity, and friendship skills.
*34.* **Cultural competence –** Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
*35.* **Resistance skills –** Young person can resist negative peer pressure and dangerous situations.
*36.* **Peaceful conflict resolution-** Young person seeks to resolve conflict nonviolently.

*Positive Identity*

37. **Personal Power -** Young person feels he or she has control over "things that happen to me."
38. **Self-esteem -** Young person reports having a high self-esteem.
39. **Sense of Purpose -** Young person reports, "my life has purpose."
40. **Positive view of personal future -** Young person is optimistic about her or his personal future.

Implementing Youth Development

Despite significant new research on the importance of resiliency and developmental assets, the concept cannot be reduced to a simple curriculum or program. As noted by Benson (1999), "There are no magic potions or quick fixes that steer lives toward success, productivity, and responsibility." Rather, promoting resiliency among children and youth and emphasizing developmental assets needs to be part of a school wide and community wide approach to nurturing and fostering healthy, productive young people. Although specific program components and curricula can be helpful in implementing a broad-based health strategy of this kind, it should take many different factors into account. These include:

- An emphasis on cooperation, prosocial development, and positive relationships among children and youth;
- A focus on developing a positive and cooperative school climate;
- Program planning and development that involves and empowers children and youth in taking a positive and active role in their schools and communities, e.g., through participation in school and community service programs;
- Peer leadership and peer helping programs;
- Training for school staff in positive youth development concepts and approaches (Health & Education Communication Consultants, 1999).

*Getting Results: Developing Safe and Healthy Kids, Update 1* (California Department of Education, 1999) focuses entirely on research, commentary, and specific programs and activities related to positive youth development. This document, which contains numerous references to additional sources of information on the topic, is an essential starting point and will lead to further readings. In addition, the California Healthy Kids Survey includes a module on resilience assessment (California Department of Education, 1999).

## References

Benard, B. 1998. Resiliency Study. In: *Getting Results: California Action Guide to Creating Safe and Drug-Free Schools and Communities*. Sacramento: California Department of Education.

Benson, P. 1999. Promoting Positive human development: The power of schools. In: *Getting Results: Developing Safe and Healthy Kids, Update 1*. Sacramento: California Department of Education.

California Department of Education. 1999. California Healthy Kids Survey. Sacramento: California Department of Education.

Health & Education Communication Consultants. 1999. Research into action: Action steps for schools. In: *Getting Results: Developing Safe and Healthy Kids, Update 1*. Sacramento: California Department of Education.

Resnick, M.D. 1999. Resiliency, protective factors, and connections that count in the lives of adolescents. In: *Getting Results: Developing Safe and Healthy Kids, Update 1*. Sacramento: California Department of Education.

**Resources**

*Getting Results: Developing Safe and Healthy Kids, Update 1: Positive Youth Development: Research, Commentary, and Action*. Sacramento: California Department of Education, 1999.

Pittman, Karen; Merita Irby; Thaddeus Ferber: "Unfinished Business: Further Reflections on a Decade of Promoting Youth Development." Youth Development: Issues, Challenges, and Directions Philadelphia: Public/ Private Ventures 2000.

Search Institute, Thresher Square West, 700 S. Third Street, Suite 210, Minneapolis, Minnesota 55415. www.search-institute.org

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## 3. SCHOOLS & HEALTH

A landmark in the evolution of school health programs and systems, *Schools & Health* is noteworthy for its emphasis on scientific research and empirically based findings.

In 1994 the Institute of Medicine, a division of the National Academy of Sciences, convened a committee of national experts on school health to carry out a major study of comprehensive school health programs in grades K-12. The committee had several specific charges:

- To develop a framework for determining the desirable and feasible health outcomes (including mental, emotional, and social health) of comprehensive school health programs;
- To examine the relationship between health outcomes and education outcomes;
- To consider what factors are necessary in the school setting to optimize these outcomes;
- To appraise existing data on effectiveness (including cost-effectiveness) of comprehensive school health programs and identify possible additional strategies for evaluation of the effectiveness of these programs;
- To recommend mechanisms for wider implementation of those health programs that have proven to be effective.

After a series of meetings that brought together numerous other experts on school health, and the development of position papers addressing each of the key focus areas, the committee published its findings and recommendations in a report titled *Schools & Health: Our Nation's Investment* (1997).[*]

One of the report's most important conclusions is that "…the period prior to high school is the most crucial for shaping attitudes and behaviors. By the time students reach high school, many are already engaging in risky behaviors or may at least have formed accepting attitudes toward these behaviors." Given this premise, *Schools & Health* provides a platform and a research base on which to build effective school health programs for the future. The report recommends that:

- All students should receive sequential, age-appropriate health education every year during the elementary and middle or junior high grades. A one-semester health education course at the secondary level should be a minimum requirement for high school graduation.
- All elementary teachers should receive substantive preparation in health education content and methodology during their preservice college training.
- School health services should be formally planned, and the quality of services should be continuously monitored as an integral part of the community public health and primary care systems.
- Research should be conducted on school-based services, particularly on the organization, management, efficacy, and cost-effectiveness of extended services.

[*] Institute of Medicine. 1997. *Schools & Health: Our Nation's Investment*. Washington, DC: National Academy Press.

- Confidentiality of health records should be given high priority by the school, and confidential records should be handled in a manner similar to the way health records are handled in nonschool health care settings.
- Established sources of funding for school health services should continue from both public health and education funds, and new approaches should be developed.
- Federal leadership for coordinated school health programs should be revitalized by reaffirming the mission of the federal Interagency Committee on School Health (ICSH) and related leadership organizations.
- An official state interagency coordinating council for school health should be established in each state to integrate the diverse elements of coordinated school health systems.
- Every school district should establish a formal organization with broad representation to function as a coordinating council for school health.
- Individual schools should establish a school health committee and appoint a school health coordinator to oversee the school health program.
- In order to implement quality coordinated school health programs, the training and utilization of competent, properly prepared personnel should be expanded.
- An active research agenda on coordinated school health programs should be pursued and a major research effort launched to establish model programs and studies.
- Further study should be carried out of each of the individual components of coordinated school health programming.

*Schools & Health* is based on the assumption that education and health are closely linked and that schools have the potential to be one important element in addressing the health needs of children and youth. The report also acknowledges that much work needs to be done and that coordinated school health programs and systems exist more as a concept than as a reality. The purpose of the report is to provide the research, analysis, and recommendations to bring about lasting change and move the field significantly forward.

Health Is Academic is another seminal report that was published in 1998. It provides documentation on the critical link between health and learning. It begins with, this quote from the National Commission on the Role of the School and the Community in Improving Adolescent Health. "Efforts to improve school performance that ignore health are ill conceived, as are health improvement efforts that ignore education.

Many school leaders indicate that their efforts to coordinate health programs result in improved attendance, less smoking among students and staff, lower rates of teen pregnancy, increased participation in physical fitness activities and choosing healthier diets. They have found that greater use of school health and counseling services decreases disciplinary problems and can delay the onset of health risk behaviors that jeopardize both students' health and academic achievement.

Both "Schools And Health" and "Health Is Academic" substantiate the need for a coordinated approach to school health programs and a framework with fundamental guidelines on how to implement a coordinated model through school, parent, and community collaboration.

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## 4. ARTICLES, DOCUMENTS, RESOURCES, AND WEB SITES

### CALIFORNIA HEALTHY KIDS RESOURCE CENTER

This well-established resource for a wide variety of information and materials on school health programs and issues offers free loans of its collection to teachers, professionals, and community members who work with students.

The HKRC Web site includes the following major categories:

- Borrowing Materials
- School Health Laws
- Programs and Consultants
- Research & Planning
- Assessment
- Links and Other Resources
- Newsletter

To contact the Healthy Kids Resource Center:

Information: 510-670-4581
Fax: 510-670-4582
Orders: 510-670-4583
Web address: http://www.hkresources.org/

## "GETTING RESULTS" GUIDES

This series of guides published by the California Department of Education summarizes key research and theoretical background in critical areas of school health.

*Getting Results, Part 1: California Action Guide to Creating Safe and Drug-Free Schools and Communities*. 1998.
*Getting Results: Developing Safe and Healthy Kids, Update 1: Positive Youth Development: Research, Commentary, and Action*. 1999.
[Include Tobacco Update information]

The guides are available from:
California Department of Education
PO Box 271
Sacramento, CA 95812-0271
(916) 445-1260 FAX (916) 323-0823

## CHALLENGE STANDARDS

As part of the California Department of Education Challenge Standards initiative, the Department has published specific documents related to school health. The Challenge Standards

were designed to guide local school districts in developing and refining their own standards for specific curriculum content areas for kindergarten through grade 12.

- *Challenge Standards: Health Education*. 1998.
- *Challenge Standards: Physical Education*. 1998.

http://www.cde.ca.gov/challenge/contents.html

## BOOKS

*Health Is Academic: A guide to Coordinated School Health Programs*. Edited by Eva Marx and Susan Frelick Wooley with Daphne Northrop. New York: Teachers College Press, 1998.

> A collection of essays by nationally known experts in their respective fields helps to define the theoretical and practical aspects of coordinated school health programs through a detailed examination of each of the eight components.

*Schools & Health: Our Nation's Investment*. Institute of Medicine, National Academy of Sciences. Washington, DC: National Academy Press, 1997.

> This landmark report presents the findings and recommendations of a special committee of national experts convened by the Institute of Medicine to study coordinated school health programs and systems and to make recommendations for future directions for the field.

## ARTICLES

The Healthy Kids Resource Center has developed a carefully annotated list of articles from professional journals according to key school health categories and published it on its Web site. The categories are:

- Tobacco Use Prevention and Education
- Violence Prevention
- Nutrition Education
- Alcohol and Other Drug Abuse Prevention
- Developmental Assets
- HIV/AIDS

## PLANNING TOOLS

Centers for Disease Control (CDC), National Association of State Boards of Education (NASBE), and Council of Chief State School Officers (CCSSO) are promising resources for the on going development of supporting tools for school health. The following recent publications are examples of their work:

Fit, Healthy, and Ready to Learn: A School Health Policy Guide (2000)
James F. Bogden, MPH

National Association of State Boards of Education (NASBE)
277 South Washington Street, Suite 100
Alexandria, Virginia 22314
(704) 684-4000
www.nasbe.org

Centers for Disease Control Health Program Guidelines
A. To Promote Lifelong Healthy Eating (1996)
B. To Prevent Tobacco Use and Addiction (1994)
C. To Promote Lifelong Physical Activity (1997)

School Health Index (SHI) for Physical Activity and Healthy Eating: A Self Assessment Guide (2000)
(Volumes available for Elementary, Middle, and Senior High Schools)
Free copies of this document are available from CDC; (770) 488-3168, or the documents can be down loaded from their web site.
http://www.cdc.gov/nccdphp/dash

**RESOURCES**

National Institutes of Health
Bethesda, Maryland 20892
301-496-4000

Healthy Start and After School Partnerships Program Office
California Department of Education
721 Capitol Mall, Room 556
Sacramento, CA 95814
916-657-3558 (Fax) 916-657-4611

Youth Education and Partnerships Office
California Department of Education
721 Capitol Mall, Third Floor
Sacramento, CA 95814
916-653-3768 (Fax) 916-657-4969

Safe Schools and Violence Prevention Office
California Department of Education
660 J Street, Suite 400
Sacramento, CA 95814
916-323-2183 (Fax) 916-323-6061

**WEB SITES**

Because Web sites rapidly become dated, only a few key sites are listed here. Each of these is regularly updated and contains links to other Web sites.

California Center for Health Improvement
Policy Matters Project
http://www.cchi.org/cgi-bin/cchi/default.asp

California Department of Health Services
http://www.dhs.ca.gov

California Healthy Kids Survey
http://www.wested.org/hks/

California School Board Association
http://www.csba.com

California Student Survey (CSS)
http://caag.state.ca.us/cvpc/schoolsurvey.htm

California Women, Infants, and Children Nutrition Program
http://www.dhs.ca.gov

California Youth Tobacco Survey
http://www.dhs.ca.gov/tobacco/

Division of Adolescent and School Health (DASH)
U.S. Centers for Disease Control and Prevention
http://www.cdc.gov/nccdphp/dash/

Healthy Kids Program Office
California Department of Education
http://www.cde.ca.gov/cyfsbranch/lsp/kids/

California State Legislature
http://www.leginfo.ca.gov

Healthy Kids Resource Center
http://www.hkresources.org/

Healthy People 2010 Initiative
U.S. Department of Health and Human Services
http://www.health.gov/healthypeople/default.htm

Monitoring the Future
http://monitoringthefuture.org/

Search Institute
http://www.search-institute.org/

School Health Connections Office
California Department of Education
http://www.cde.ca.gov/cyfsbranch/lsp/health/

School Health Connections Office
California Department of Health Services
http://www.dhs.ca.gov/schoolhealth

School Health Policies and Programs Study (SHPPS)
http://www.cdc.gov/nccdphp/dash/shpps/index.htm

National Associations of State Boards of Education (NASBE)
http://www.nasbe.org

National Institutes of Health
http://www.nih.gov

Tufts University Nutrition Navigator
http://www.navigator.tufts.edu/

Youth Risk Behavior Surveillance System (YRBS)
http://www.cdc.gov/nccdphp/dash/yrbs/index.htm

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# 5. USING EVALUATION AND SURVEY DATA TO IMPROVE SCHOOL HEALTH PROGRAMS

## Why Evaluate?

Schools and communities need data to guide their program decision-making and development, to obtain program support and funding, and to demonstrate progress in meeting their program goals. Schools are increasingly required to collect data that objectively assesses student achievement and behavior and are encouraged to set concrete and measurable goals for making improvement. Paul Sarvela et al indicate that the purposes of evaluation are to improve rather than to prove and that evaluation is the process of sharing accountability, not assigning accountability. Herman et al say that the essential function of evaluation should be to collect analyze and report valid, credible information that can have some constructive impact on program decision making.

Some Basic Terms

- Program—Action taken to cause an effect.
- Evaluation—Systematic collection of valid, credible information about how a program operates, about the effects it may have, and/or to answer other questions of interest.
- Stakeholders—Groups of people who have a direct or indirect interest in evaluation results
- Evaluation Design—A plan that determines which groups or individuals will participate in an evaluation, what types of data will be collected and when evaluation instruments or means will be administered and by whom.
- Survey—A detailed study made by gathering and analyzing information
- Data—Facts and figures from which conclusions can be inferred.

## Evaluation Considerations

There are many youth health behavior surveys conducted and they should not be confused with an evaluation. Changes in behavior rates by themselves do not explain why and how these changes occurred. These changes may not be the effect of a current program, but rather one from prior years that may be showing long-term effects. With any program it is advisable to include an evaluation component. An evaluation could have any one of many purposes such as attainment of program objectives, assessment of strengths and weaknesses, data for decision making, or monitoring of standards of performance.

It is not advisable to rely on health behavior survey measures alone to demonstrate successful health education programs, because it is well known that often knowledge and skills are not necessarily practiced. The ultimate goal of health promotion is the practice of positive health behaviors. Those behaviors are preceded by knowledge and skills. It is important to measure these indicators as benchmarks of teaching and learning effectiveness. This Health Framework and Addendum clearly delineate skill and knowledge expectations at the various grade levels. Refer to the resources for School Health Program Planning and Development for information on the State Collaborative for Assessment and Student Standards [SCASS] Health Education Assessment Project for more information on health education assessment strategies.

Planning and Evaluation or Survey

When planning an evaluation or a survey, several factors should be considered:

- What is the purpose of the data?
- Who are the stakeholders/decision-makers who will review the data?
- What kind of data is needed to make decisions or to tailor the evaluation or data presentation to the interests of the identified stakeholders must be considered?

There are at least five different categories of stakeholders and the characteristics of their interests that need to be considered when planning data collection and/or evaluation:

- **The Organization** (e.g. To justify program costs; to gain support for programs; to satisfy accountability for funding agencies; to determine future program plans.)
- **The Program Administrator** (e.g. To bring favorable attention to the program; to increase probability for promotion; to be fashionable; to gain greater control of the program.)
- **The Funding Agency** (e.g. To ensure efficiency; to demonstrate program effects; to gain political favor and possibly additional funding.)
- **The Public** (e.g. To ensure that tax dollars are spent efficiently; to learn about the benefits/disadvantages of a program; to increase public participation in programs)
- **Program Evaluator** (e.g. To help support the program's goals; to contribute to disciplinary and applied knowledge; to advance professionally)

**"**Evaluation, in short, is an endeavor which is partly social, partly political, and only partly technical." (Herman et al)

**Basic Evaluation Models**

According to Sarvela et al, most evaluators organize evaluation into two general areas: formative and summative.

*Formative Evaluation* refers to the ongoing process of evaluation while a program is being developed and implemented. The primary goal is to improve the program. Typical formative evaluation questions include whether or not the program's curriculum materials match the program's objectives. Sometimes formative evaluations are referred to as process evaluations because they are designed to examine the processes that are taking place while the program is being developed and implemented.

*Summative Evaluation* assesses the degree to which the program has met some predetermined objectives, or the degree to which the program has been of use to the target population. Summative evaluations most often use quantitative approaches. Quantitative procedures include experimental design and the use of standardized achievement tests or other "objective" measures.

A good evaluation reference resource is essential for the health program professional. There are many good resources available that can help guide the evaluation process. Two suggested resources are listed at the end of this section.

***Local, State and Federal Surveys on the Health-Related Behaviors of Children and Youth***

The health of young people is linked to the health-related behavior they choose to adopt. According to the U.S. Centers for Disease Control and Prevention (CDC), a limited number of

behaviors contribute markedly to today's major health problems. These behaviors, often established during youth, include:

- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Alcohol and other drug use
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases, and unintended pregnancies
- Behaviors that may results in intentional injuries (violence and suicide) and unintentional injuries (motor vehicle crashes)

Over the last decade substantial information has been gained about the prevalence of behaviors practiced by young people that put their health at risk. National, state and local data have been collected and as a result, there are many sources of data from which to choose to meet a variety of needs.

**Some Cautions About Surveys**

Health surveys can be controversial. Officials may be concerned that the results will make the schools or communities look bad. Survey planning should involve parents and community members. Effective data use begins by building a community consensus about why the survey is being conducted and how the information will be used. This involvement will foster allies in the community and among parents who could be valuable in the presentation of the results to the community.

Surveys about school violence and high-risk behaviors administered only once are not particularly useful. The real value of survey data is realized when gathered over several years. It is the only way trends in the nation, state, school or district can be discerned. Although comparisons to state and national samples are important, the bottom line question that must be answered at the local level is, "Are we doing better?" Most behaviors do not change dramatically in one year. As a general rule, a health survey is recommended every two years.

**Parent Consent**

All health risk behavior surveys conducted in schools are confidential and anonymous. They require written parental consent for student participation. Parents must be fully informed as to the information presented in the survey and the purpose as well as the intent of the survey when the results are published. Student participation in the survey is voluntary and students may decline to answer any or all of the questions. Education Code 51513 states, "No test, or examination containing any questions about the pupil's parents' or guardians' beliefs and practices in sex, family life, morality, and religion, shall be administered to any pupil in kindergarten or grades 1 to 12, inclusive, unless the parent or guardian of the pupil is notified in writing of this test, questionnaire, survey or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take this test, questionnaire, survey, or examination."

**Sources of Survey Data**

Multiple data sources should be used to confirm, enrich, and provide context to an assessment. Comparisons of local, county, state and national data can help interpret and give meaning to the

profile of the population of students that is being assessed. A description of the various types of available surveillance data follows along with a source where the data can be found.

# Local Surveys

**Youth Health Behaviors Reflect the Community**

Support for school programs is often undermined by a lack of local awareness, even denial, of the extent of youth health risks. Many factors that support health-risk behaviors by youth are also found outside the school setting. Prevention researchers have long recognized the importance of changing the general social environment and norms in order to sustain the impact of school-based program. Drug use, violence, and other health-risk behaviors are the concern and responsibility of the entire community. Schools and the community must work together to prevent and reduce health-risk behaviors and increase academic achievement.

**The California Healthy Kids Survey http://www.wested.org/hks/**

The California Healthy Kids Survey (CHKS) is a comprehensive youth health-risk and resilience data collection system sponsored by the California Department of Education (CDE) and is available to all local education agencies (LEAs). The CHKS is an easily customized, self-report youth survey that assesses all major areas of health-related risk behavior and resilience. This survey support system is low-cost and uses the latest technology to help local agencies collect and use CHKS data to improve prevention and health programs.

The secondary school survey consists of a general core (Module A) with a set of five in-depth behavior-specific optional supplementary modules, which an LEA can configure to meet local needs and standards. Individual modules assess tobacco use (Module B); drug use and violence (Module C); diet, physical activity, and general health (Module D); and sexual behavior and HIV/AIDS risks (Module E). All these areas except sexual behavior and suicide are covered briefly in the general core. In addition, a sixth module assesses resilience or youth assets (Module F). A single elementary school instrument provides comparable, developmentally appropriate data focusing on risk and resilience factors.

**Asset Assessments Provide Balance**

A growing body of research provides evidence of external and internal factors that protect some adolescents from engagement in a variety of risk behaviors and foster positive developmental outcomes. Developed with the assistance of a national panel of experts, the CHKS resilience module provides a measure of local protective factors and resilience traits or assets. It can help identify the strength of student external assets in the school, family community, and peer environments as well as the degree and nature of internal assets among students. It can provide a positive balance to the profile of a community.

# State Surveys

**California Student Survey http://caag.state.ca.us/cvpc/schoolsurvey.htm**

The California Student Survey (CSS) is a biennial survey sponsored by the Office of the Attorney General since 1985. It has now been expanded into a comprehensive health risk survey that covers all the items in the CHKS general core. It is a good source of representative statewide data that can be generalized to all students in California.

**California Safe Schools Assessment**

The California Safe School Assessment provides data on the annual incidents of reported crimes on campus, notably drug use and violence.

# National Surveys

**Youth Risk Behavior Survey http://www.cdc.gov/nccdphp/dash/yrbs/index.htm**
The Youth Risk Behavior Survey (YRBS) is a biennial national level survey and is conducted in the even years. California uses a random procedure to select schools for the state sample. Schools with larger enrollments have a greater chance of being included in the sample.

***Additional Sources***
There are many other sources of data that may be well suited to program planning needs. Some examples include Monitoring the Future (national alcohol, tobacco and other drugs survey), California Youth Tobacco Survey (a statewide telephone tobacco survey), Fitnessgram www.cde.ca.gov/statetests/pe/pe.html (annual statewide physical fitness assessment), and School Health Education Profile (SHEP) a biennial survey of health education policies and programs in California and the United States.

## Data Presentation Strategies

The critical principle for the effective presentation of data is to tailor it to the interests and needs of stakeholders and decision-makers. The CHKS is supplemented with a handbook that can provide valuable guidance on the collection, organization, use and presentation of data.

## Recommended References

Herman, Joan L., Lynn Lyons Morris, Carol Taylor Fitz-Gibbon, *Evaluator's Handbook*. Sage Publications. Newbury Park, Ca. 1987.
(Please note that this is one of nine small topic specific books in an "Evaluation Kit" written to guide and assist practitioners in planning and managing evaluations.)

Sarvela, Paul D. and Robert J McDermott, *Health Education Evaluation and Measurement A Practitioners Perspective.* Brown and Benchmark. 1993.

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## 6. DEFINITIONS OF TERMS

A national movement is under way to develop and implement effective school health programs and to provide the infrastructure to support them at all levels of government and policy making. As this movement has gained strength in recent years, there has been growing agreement on basic concepts, approaches, and terminology.

The most widely accepted term currently in use is *coordinated school health programs*, which is used interchangeably with *comprehensive school health systems.* Although this may sound like an entirely new approach to school health, it is based on the eight-component *comprehensive school health program* model described more than a decade ago by Allensworth and Kolbe in their influential article in the *Journal of School Health* (Allensworth and Kolbe, 1987). The comprehensive school health system described in the 1994 Health Framework was based on this model.

An important step in clarifying a common definition of school health programs took place in the fall of 1994, when the Division of Adolescent and School Health (DASH) in the U.S. Centers for Disease Control and Prevention (CDC) initiated the development of a publication that would build on the current knowledge and expertise of leaders in the field of school health, including experts in each of the eight components. As part of the process, a meeting of representatives of some 60 organizations focusing on diverse aspects of school health was held in Washington, D.C. This meeting and the continuing participation of school health leaders resulted in the publication of *Health Is Academic* (1998). As noted in the introduction:

> The eight-component model has traditionally been referred to as a "comprehensive school health program." However, many meeting participants suggested substituting "coordinated" for "comprehensive" when referring to school health programs because some people confuse "comprehensive school health *education*," which relates to instruction, with "comprehensive school health *programs*." In addition, the term "comprehensive" might discourage an overburdened educational system from considering development of the model. The use of "coordinated" addresses the separation of components that "comprehensive" might imply…. (pp. xvii-xix).

The *Health Framework for California Public Schools* (1994) uses the term "coordinated" as the preferred term.

## References

Allensworth, D. and Kolbe, L. 1987. The comprehensive school health program: Exploring an expanded concept. *Journal of School Health, 57*(10), 409-412.

California Department of Education. 1994. *Health Framework for California Public Schools: Kindergarten Through Grade Twelve*. Sacramento: California Department of Education.

Marx, E., Wooley, S.F., and Northrop, D. (Eds.). 1997. *Health Is Academic: A Guide to Coordinated School Health Programs*. New York: Teachers College Press.

[1]This description of the eight components is the one used in the Health Framework for California Public Schools (1994, p. 15).

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(The following section would replace Appendix B in the Health Framework)

## 7. California's Healthy Start Initiative Connects School, Family, and Community

What is Healthy Start?

The Healthy Start initiative, a California state program, was established in 1991 (Education Code Sections 8800 et.seq.) to facilitate partnerships among local education agencies, families, and communities to benefit our children and youth.

Healthy Start brings together local school-linked, community-based partnerships to help young people from kindergarten through high school to learn and reach their full potential, and to strengthen their families and communities. This initiative looks as different as the communities across California because it builds on the strengths/assets and needs of each neighborhood. Each local initiative follows a process that includes collaborative decision-making, community assessment, prioritizing of goals, selecting effective strategies, integrating and tracking efforts, and evaluating results. This process is cyclical and continuous; it involves ongoing work to reassess, re-evaluate, and reform so that the initiative continues to grow and change along with the community.

Healthy Start also provides a process to move communities beyond isolated, separate systems to interconnected teams with children and youth at their center.

The initiative's philosophy is grounded in the belief that educational success, physical health, emotional support, and family and community strength are inseparable. Because the ability to learn well is so important to a successful and happy life, Healthy Start places a special emphasis on improved school performance.

Healthy Start Goals

- Ensuring that each child and youth receives the physical, emotional, and intellectual support – in school, at home, and in their community – which he or she needs to learn well.
- Building the capacity of students and parents to be participants, leaders, and decision-makers in their schools and communities.
- Helping schools and other child and family-serving agencies to re-organize, streamline, and integrate their services to provide more effective support to children and their families.

How Healthy Start Works

Because each school/community has its own combination of assets and needs, the 'mix' of services and supports can vary. The local Healthy Start initiatives may include such services and supports as: social service providers, educators across the life span, health/mental health/ and dental providers, law enforcement, employment development, recreation and arts, faith and service organizations, businesses, as well as the peer support of students and families themselves.

Funding Structures

Healthy Start funds collaborative planning grants of up to $50,000 (one to two years) to local educational agencies in partnership with a collaborative that demonstrates a readiness to plan for school-integrated supports and services. Healthy Start also funds operational grants of up to $300,000 with start-up grants of up to $100,000. Healthy Start operational grants are awarded to school-communities that demonstrate an inclusive, collaborative decision-making process that includes students and families in leadership roles; a comprehensive community assessment; prioritized needs and identified strengths/assets; a plan for integration of effective services and supports that includes an emphasis on improved school performance and evaluation for continuous improvement and sustainability. Healthy Start provides 90 percent of the local funding to school-community collaboratives that meet eligibility requirements such as 50 percent free and reduced price meal applicants for elementary schools and 35 percent free and reduced price meal applicants for middle and high schools. Up to ten percent of Healthy Start funds can be awarded to schools that qualify under "special factors." These grant resources can be used to support coordinated school health by connecting school and community systems of services and supports.

Evaluation Results

Healthy Start evaluation projects are designed by individual grantees. While individual grantees choose to collect a variety of data on their programs, all grantees are only required to submit data on educational results. Each funded grantee submits an annual report that includes school wide data for each school, as well as information for the core clients who have been targeted to receive intensive coordinated services and supports. In addition to the educational results, each Healthy Start grantee reports on at least one optional cluster data set that reflects the results each project hopes to achieve for children and families.

Evaluation data was reported for 156 funded grantees in 1999. It included data on almost 7,000 core case managed clients, 75% of which are school-age children and are reported as "students most in need." However, because data is not weighted for the size or number of sites, it is not necessarily representative of all Healthy Start core clients statewide. Within these limitations evaluation results do show that participation in Healthy Start projects is correlated with positive impacts.

Among the projects that monitored health indicators of case managed clients they reported significant improvements in:

- Rate of Overdue Physical Exams
- Status of Basic Needs such as Food and Shelter
- Rate of Substance Abuse
- Rate of Child Abuse

(A copy of the complete evaluation report is available from the Healthy Start office at the California Department of Education.)

The Healthy Start story is being written in local school-communities across California. Funding for the Healthy Start initiative has grown from an initial level of $19 million in the 1991-92 fiscal year to the 2001-2002 level of $39 million. More than 500 operational local partnerships at over 1200 elementary, middle, and high schools in nearly all of California's 58 counties now

have the potential to reach more than a million young people and their families. Participants in Healthy Start around the state live in every kind of community, from urban neighborhoods and barrios, to rice and cotton fields, to resort towns and suburbs, to isolated logging towns. Every school and community is different, and every Healthy Start site reflects the unique culture, politics, and economics of its location. What every Healthy Start site shares as part of the coordinated school health 'family' is a commitment to making a better life for California children, youth, families, and communities.

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## 8. LOCAL ADVISORY OR COORDINATING COUNCILS[1]

In recent years one focus of the field of school health has been on creating an infrastructure to support coordinated school health systems. Particularly important at a time of increasingly limited resources for school health is support at the local level. An approach that has proven successful is the establishment of a local school health council, sometimes called a school health advisory council.

Many different types of school health councils can and have been established, and there is no single established or accepted model or a specific mandate or funding for school health councils. Rather, the concept of school health councils has been advocated by a number of different leadership organizations, most notably the American Cancer Society, and school districts are encouraged to develop school health councils that address their specific needs.

Primarily advisory in nature, school health councils are groups of individuals who represent diverse segments of the community and who collectively advise the local school system on health-related issues, activities, and programs. Representatives might include community-based health professionals and volunteers, school nurses, health educators, school administrators, physical educators, parents, students, and others interested in and concerned about school health. A school health council can have several distinct but complementary roles:

- **Program planning**: organizing and participating in regular meetings to assess local needs and address problems and concerns;
- **Advocacy**: making school health issues visible and giving them a priority in plans and allocation of resources;
- **Fiscal planning**: assessing the financial needs of school health systems and identifying and integrating funding sources;
- **Liaison with district and state agencies**: working with the school district and local agencies to plan and develop curriculum and to allocate resources;
- **Direct intervention**: initiating policies and organizing health-related activities such as school health fairs;
- **Evaluation, accountability, and quality control**: ensuring that funds and resources are being used effectively and continually assessing local needs.

To receive funding, programs such as Healthy Start, or drug and alcohol prevention programs are often required to work together with similar agencies. When prevention programs collaborate, a broader base of health issues can be effectively addressed and these collaboratives can be designated as local coordinating councils.

School health councils can be a key to the Parent and Community Involvement component of a coordinated school health system. They can be useful in both assessing community problems and identifying appropriate programs and solutions. As noted by the California Center on Health Improvement (CCHI, 2000), establishing a school health council not only allows communities to tailor health education programs to fit specific needs; it also increases opportunities for family involvement.

A positive example noted by CCHI is the Long Beach Unified School District's School Health Advisory Council, which began in 1992 as a drug, alcohol, and tobacco education advisory council, as required by the Drug-Free Schools and Communities Act. In 1995 the council, which meets quarterly, expanded its focus to include all of health education. Active council members include representatives of law enforcement agencies, city health departments, parent groups, students, the American Cancer Society, the American Heart Association, and the American Lung Association. Among the council's many functions, it serves as a forum to share information and connect members from each of the eight components of a coordinated school health system. The council has also helped to review content standards for the district's health, HIV/AIDS, and family-life curricula.

## References

California Center on Health Improvement. 2000. Policy Matters Web site. http://www.cchi.org/cgi-bin/cchi/default.asp

[1]The concept of a School Health Council has been an important focus of the American Cancer Society. Some of the concepts in this section are adapted from the Society's manual *Improving School Health: A Guide to School Health Councils*, published by the American Cancer Society in 1998 and available from local ACS chapters.

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## 9. HEALTH SERVICES IN SCHOOLS

Why should health services be a priority for California's schools? Schools are ideal venues to provide coordinated health and human services. Since most children above the age of five years attend school, schools are logical places to provide preventive health services such as screenings for vision, hearing, scoliosis, and dental problems. California law requires not only health screenings (CEC 49452 and 49452.5), but also that students be immunized against specific vaccine-preventable communicable diseases (CA Health and Safety Code 120335). All of these services require record keeping and management to assure proper documentation and follow-up care.

The schools bring together large numbers of students and staff. Reasonable caution requires that schools have an organized way of addressing issues such as first aid, chronic disease management, emergency medical problems, identification of communicable diseases, and child abuse identification and reporting. Schools must also provide for routine health care needs of students, such as the administration of medications (CEC 49423).

The need for school health services has expanded significantly as the worlds of both the schools and health care have changed. Federal laws relating to special education students require that schools provide the services necessary for these students to receive an appropriate education. Examples of such services include vital signs monitoring, tracheostomy care and suctioning, dressing changes, catheterization, gastric tube feeding, and oxygen administration. Advances in medicine, along with federal law and school reform movements, have allowed many students with chronic health conditions such as diabetes, cancer, arthritis, and severe asthma to participate in regular education settings. In consultation with these students' families and physicians, schools must have a system in place, supervised by credentialed school nurses, to assist these students with medications, special treatments, and equipment use. Schools must also provide health care services to students who develop acute health problems while at school.

Legislative mandates and necessary precautions related to risks and liability give schools little or no option in providing health services. (*Schools and Health*, p. 157) Schools must be prepared to deal with emergencies occurring on the school campus, for example, that require special procedures and appropriately trained staff. Such emergencies include severe allergic reactions; drug overdoses; choking; suicide attempts or student or teacher death; trauma related to violence; and serious unintentional injuries, including playground and sports-related injuries. (*Health is Academic*, p. 173)

Many schools with adequate school nursing coverage, Healthy Start programs, and/or school-based or school-linked clinics offer health and social services that help surmount difficult health care access issues and fill or reduce gaps in the community's health care system. School health personnel can provide information and counseling about safe and healthy lifestyle choices and risk reduction that may empower students to assume responsibility for their health and safety. Health counseling for students with health problems identified during screening, diagnosis, or treatment might address use of tobacco, alcohol and other drugs, HIV/AIDS and other bloodborne diseases, unintentional injuries, eating disorders or obesity, and other health-related problems that may affect a student's ability to learn. (*Health is Academic*, p. 174-175)

**Options for Meeting Students' Health Service Needs**

According to the American Academy of Pediatrics (American Academy of Pediatrics, 1994/cited in *Schools and Health*, p. 217), school health services should be viewed as a component of the community-wide health care system. Using school health services for mandated screening and identification of problems, follow-up, and referral can improve the accessibility, effectiveness, and efficiency of primary care. In order for students to benefit from health services, schools and communities need to work together. Every school should have a core of health services provided by credentialed school nurses and trained and/or licensed support personnel. The school and community, working in tandem, need to assess which additional health services schools will provide, considering students' health and educational needs and the availability of appropriate health services in the community.

Traditionally, credentialed school nurses are the backbone of school health services and are often the only health care professionals on the school campus. School nurses typically provide primary prevention and health care services in a school health office with or without the assistance of a health aide. The National Association of School Nurses recommends a ratio of one school nurse to every 750 students in regular education.

For students with special needs who require specialized services, in addition to the school nurse, the student may be served by licensed or non-licensed assistive personnel; physical therapists; occupational therapists; Braillists; orientation and mobility specialists; speech, language, and hearing therapists; and audiologists. The National Association of School Nurses (NASN) recommend a ration of 1 school nurse to 100 special education students.

**Potential Funding Sources for School Health Services**

Historically school districts or individual schools have paid the cost of school health services out of locally developed district budgets. This has created an inconsistent funding base that has been a barrier to the establishment of universal school-based health services. In addition, responsibility for student health and wellness has tended to be a low priority with inadequate recognition of the impact on academic achievement. Consequently, there is no consensus within the educational establishment about the need for school health services when hard budget choices have to be made. Hence, it is important to look outside of school budgets for reliable sources of financial support for school health services. (*Schools and Health*, p. 206)

Some federal funds are available for school health services. These include both "entitlement" funds and reimbursement for services rendered. Funding sources include Title XIX, which in California is known as the Child Health and Disability Prevention (CHDP) program, and Title XI of the Improving America's Schools Act of 1995 (IASA), which can provide funds for health care for educationally disadvantaged children. The Individuals with Disabilities Education Act (IDEA) is another potential funding source; it partially supports mandated specialized services for children with disabilities. Other federal resources include funding for services to prevent HIV/AIDS and hepatitis B, drug use prevention through the Safe and Drug Free Schools and Communities Act (Title IV), and the model coordinated school health programs (which may include health services) through the U.S. Department of Education.

Through the mandated cost program, districts can file claims with the State Controllers Office to be reimbursed for mandated scoliosis screening and related follow-up activities, as well as for time spent auditing and follow-up on immunization and first grade physical examination requirements. Additionally, California has provided funding to support tobacco use prevention and health care for children and families living in poverty. Healthy Start grants fund a variety of health and social services for eligible schools. In California, the Local Education Agency (LEA) Medi-Cal Billing Option, which allows school districts to bill for health-related services provided to eligible students by appropriately licensed employees, has generated millions of dollars statewide for participating districts.

Locally, service clubs, volunteer health organizations (such as the American Lung Association, the American Cancer Society, the American Heart Association, and the American Red Cross), and private providers in the community may provide funds or in-kind contributions to the school health services program. Increasingly, managed care organizations are willing to work with schools to provide health care services at school for students who are members of their plan or to develop school-linked clinics for such care.

While California's Healthy Families and Medi-Cal for Children programs do not provide direct funding to schools, hundreds of children have the opportunity to obtain low-cost or free health care coverage through participation in these programs. Schools are in a unique position to help ensure that students and families have access to these and other affordable health coverage programs. Healthy Families and Medi-Cal for Children offers comprehensive medical, dental and vision care coverage for children from low- to moderate-income families. Benefits include well-child care, immunizations, prescription medicine, dental and eye care (including prescription eyeglasses), mental health services, and physician and hospital services.

The following examples illustrate some of the student health problems that have significant impact on schools.

- Nearly one in 13 school aged children has asthma. It is responsible for one fourth of school absenteeism. (www.nhlbi.nih.gov)
- The number of children with diabetes has increased dramatically in recent years. This requires school personnel to be educated in recognizing emergency signs and symptoms and how to intervene when necessary. (Website: http://www.diabetes.org)
- Oral disease is the most common childhood health problem. California's children have twice as much untreated tooth decay as their counterparts.

The volume and complexity of health service needs of students and their schools are most challenging. It is imperative that schools establish health service policies and protocols to manage them. Qualified staff must be in place and trained in protocols and procedures for the protection of students, themselves and the school.

The American Academy of Pediatrics has established the following seven goals for school health programs

1. Ensure access to primary health care.
2. Provide a system for dealing with crisis medical situations.
3. Provide mandated screening and immunization monitoring.
4. Provide systems for identification and solution of students' health and education problems.
5. Provide comprehensive and appropriate health education.

6. Provide a healthful and safe school environment that facilitates learning.
7. Provide a system of evaluation of the effectiveness of the school health program. (*Schools and Health*, p. 217)

In response to questions from local education agencies, the California Department of Education has developed guidelines for school health services. California Department of Education Advisory guidelines and local district policies and procedures govern safe and appropriate administration practice for assisting students needing medication in school. Also, the California Department of Education publication *Guidelines and Procedures for Meeting the Specialized Physical Health Care Procedure for Pupils* provides information and recommended procedures for schools and parents to assist students with chronic and acute illnesses at school. This publication is available on CDE's Web site at: <http://www.cde.ca.gov/spbranch/sed/healthup/healthup.htm>.

Reference: *The Oral Health of California's Children: Halting the Neglected Epidemic, California Children's Dental Health Initiative*, May 2000.

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## 10. California Code Update

## Replaces Appendix A – Selected Education Code Sections of the 1994 Framework

*This section contains information related to the Education Code. The information is current at the time of publication. However, those using the section should keep in mind that the code sections might be amended by subsequent legislation. Educators and others interested in supporting coordinated school health are encouraged to keep up to date on legislative changes affecting health and health education.*

**Why the Education Code is relevant to Health Education.**

It is essential that educators clearly understand the laws related to their responsibilities to protect and promote the health and safety of school children in California.

There are many laws related to multiple aspects of the delivery of health-related education, programs and services. Selected Education Code categories include:

- Specific content and delivery of instruction in health;
- Requirements for parent notification and community involvement in school health;
- Specific training requirements for those who provide instruction in health or health services at the school site;
- Mandates on how to deal with the potential student health problems, safety risks, confidentiality and crisis intervention;
- Requirements for protecting students' health and safety.

This document provides an overview of school health laws through December 2000. For up-to-date information about school health laws consult the online databases (described below) at www.californiahealthykids.org or www.leginfo.ca.gov.

**Education Code Resources**

An online database of edited school health laws is available at the California Healthy Kids web site www.californiahealthykids.org. From this web site, users can obtain a single law text or a custom list of selected laws.

For further information, the full legal text of each law can be read at the California Legislature's web site www.leginfo.ca.gov. This web site also offers the option of subscribing to a bill as it passes through the legislative process. Subscribers receive notification when legislative action is taken on the bill.

**Education Code Organization**

- Health Education Mandates. This section indicates the mandates for health education. It is followed by the text of the legislation.

- Health Education Recommendations (p. XX). This section indicates laws that encourage or recommend topics and priorities for health education instruction. These laws can be accessed by the websites described previously.

- Comprehensive School Health System (p. XX). This section describes many of the laws related to the other components of Coordinated School Health and can be accessed by website as described previously.

## California Education Code
## Health Education Recommendations

| | Comp. Health Education | Alc./Tobacco Other Drugs | HIV/AIDS STDs | Family Life/Sex Ed. | Pregnancy / Parenting Ed. | Violence Prev. Safety | Env. Protection |
|---|---|---|---|---|---|---|---|
| Instruction | | EC 51262 | EC 51820 | 51553 | EC 8910-11 | EC 51860 | EC 8700-07<br>EC 8720-23 |
| Teacher Prep/ Requirements | | EC 44645 | | | | EC 51265 | |
| Parent/ Notification Community Involvement | | | EC 51820 | | | | |
| Materials | EC 60042 | | | | | | |

***California Education Code text for "recommendations" is not included here because of space limitations. A summary of the text for evaluation can be accessed on the web at www.californiahealthykids.org. The full text can be found at www.leginfo.ca.gov.***

# Coordinated School Health Legislation

Beyond comprehensive health education there are seven additional components of Coordinated School Health. They include physical education, health services, nutrition services, counseling/mental health, healthy school environment, parent/community involvement, and health promotion for teachers. Several of these components are supported by the Education Code sections on the internet: www.californiahealthykids.org or www.leginfo.ca.gov.

**Coordinated School Health Legislation**

| CSH Component | Laws & Regulations | Topic |
|---|---|---|
| Physical Education | EC 51206 | Requires SPI to employ physical education specialist to develop curriculum and staff development. |
| | EC 51220-22 | Requires student participation in physical education. |
| | EC 51225.3 | Requires 2 physical education courses during grades 9-12 for graduation. (Requires minimum of 400 minutes for each 10 school days.) |
| | EC 51210 & 51223 | Requires physical education for elementary students for minimum 200 minutes each 10 school days. |
| | EC 60800 | Requires annual physical fitness testing for grades 5,7,9. |
| | EC 52715 | Requires school districts to employ teachers with physical education certification qualifications. |
| Health Services | EC 49427 | Directs LEA Administrators to maintain fundamental school health services at specified minimum level. |
| | CCR Title 17, 6802 + H&S Code 124085 | Requires CHDP 1st grade physical exam. |
| | EC 48211;48212; CCR Title 17,2506;CCR Title 5,202; EC 48213; EC 49450-51; 48980;49403 | Includes requirements for communicable disease control measures. |
| | H&SC120335 | Includes required immunizations for school entry. |
| | EC49451 | Gives parents right to refuse consent to health screenings. |

| CSH Component | Laws & Regulations | Topic |
|---|---|---|
| (Health Services cont.) | EC 49452.5 | Requires scoliosis screening. |
| | EC 49450 | Requires confidentiality of health screening records. |
| | EC49456 | Requires schools to report to parents on health screening results. |
| | USC Title 20 1400 | Requires education for all handicapped children. |
| | CCR Title 53021.1 + CC# Title 5, 3001 | Requires referral for chronic illness. |
| | EC 49452 + CCR Title 17 & 5 | Includes requirements for vision and hearing screenings and referrals. |
| Nutrition Services | EC 499530-36 | Proper nutrition is high priority. LEAS may apply to CDE for available state and local funds for breakfast and/or lunch programs. |
| | EC 49500-05 | Legislative intent for no child to go hungry. |
| | EC 49590 | LEAS may authorize food sale on school premises. |
| | EC 49490-96 | Establishes nutrition services standards. |
| | EC 49510-20 | Students who receive public assistance are assured of supplemental food program while they attend school. |
| | EC 49547-48 | Summer meal service. |
| School Counseling | EC 49600 | Defines "educational counseling" services and programs as provided by credentialed school counselors. |
| Confidentiality of Pupil Information | EC 49602 | Defines students' rights to confidentiality and lists provisions for reporting confidential information. |
| School Psychology | EC 49424 | Defines school psychologist services by a credentialed school psychologist. |

## California Education Code
## Health Education Mandates

| | Comp. Health Education | Alcohol/ Tobacco Other Drugs | HIV/AIDS STDs | Family Life/Sex Ed. | Pregnancy/ Parenting Ed. | Violence Prev. Safety |
|---|---|---|---|---|---|---|
| Instruction | EC 51880-51881, 51881.5<br>EC 51890<br>EC 51911-15<br>EC 51210 | EC 51260-69<br>EC 51203<br>EC 51202 | EC 51201.5<br>EC 51202<br>EC 51554 | EC 51554<br>EC 51553 | EC 51220.5 | EC 233.5<br>EC 35294 |
| Teacher Prep/ Requirements | EC 11166 | EC 51260-69<br>EC 51 | EC 51229.8 | | | CA Gov't Code, Title 1, Div 4, Ch. 8 Section 3100-public employees as disaster service worker |
| Parent/Commty Involvement | EC 51513<br>EC 51891 | EC 11802 | EC 51201.5<br>EC 51240<br>EC 51555 | EC 51550<br>EC 51240<br>EC 51555 | | School/Law Enforcement Partnership Cadre EC 32262<br>EC 35294.8-EC 35291.1(b)(2)&(3) |
| Materials | EC 60040-42<br>EC 60044 | | | | | |

**The Education Codes listed on the previous charts are printed on the following pages in full text. These Education Codes may be referenced in Appendix A of the Health Framework.**

*SECTION EC51880, ,51881,51881.5 COMPREHENSIVE HEALTH EDUCATION ACT OF 1977*

51880. This chapter shall be known and may be cited as the Comprehensive Health Education Act of 1977.

51881. The Legislature finds and declares that although many of the communicable diseases and environmental hazards which plagued earlier generations have been controlled, major health problems and hazards are prevalent among today's school-age children and youth including the abuse of alcohol, narcotics, and tobacco; emotional instability; forced marriage; self-medication; dental caries; nutritional disorders; suicide; and accidents.

The Legislature finds and declares that an adequate health education program in the public schools is essential to continued progress and improvement in the quality of public health in this state, and the Legislature further believes that comprehensive health education, taught by properly trained persons, is effective in the prevention of disease and disability.

It is further the intent of the Legislature that, to the maximum extent possible, the present state-funded projects in the school health unit of the Department of Education shall be redirected to carrying out the provisions of this chapter and maximum use shall be made of existing state and federal funds in the implementation of comprehensive health education.

51881.5. (a) The Legislature finds and declares that hazardous substances, as defined in Section 25316 of the Health and Safety Code, are an integral part of daily life, and that some substances, which are routinely found in and around homes, present potential hazards to the public and to the environment because of the lack of public awareness and education on the hazards of these substances and because of the lack of safe disposal options for hazardous substances from households.

(b) The Legislature, therefore, finds that hazardous substances education programs in the public schools would serve a beneficial purpose by fostering in students an understanding of their role in protecting the environment, and in safeguarding themselves from other health and safety dangers which may be posed by hazardous substances.

(c) It is the intent of the Legislature that the department provide school districts with information concerning the availability of educational materials and curricula on hazardous substances.

**SECTION EC51890 COMPREHENSIVE HEALTH EDUCATION PROGRAMS**

51890. For the purposes of this chapter, "comprehensive health education programs" are defined as all educational programs offered in kindergarten and grades 1 through 12, inclusive, in the public school system, including in-class and out-of-class activities designed to ensure that:

(a) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:

(1) The use of health care services and products.

(2) Mental and emotional health and development.

(3) Drug use and misuse, including the misuse of tobacco and alcohol.

(4) Family health and child development, including the legal and financial aspects and responsibilities of marriage and parenthood.

(5) Oral health, vision, and hearing.

(6) Nutrition.

(7) Exercise, rest, and posture.

(8) Diseases and disorders, including sickle cell anemia and related genetic diseases and disorders.

(9) Environmental health and safety.

(10) Community health.

(a) To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health to include all the subjects in subdivision.

(b) There is the maximum community participation in the teaching of health including classroom participation by practicing professional health and safety personnel in the community.

(c) Pupils gain appreciation for the importance and value of lifelong health and the need for each individual's personal responsibility for his or her own health.

**SECTION EC51911-51915 EVALUATING COMPREHENSIVE HEALTH EDUCATION PROGRAMS**

51911. Approval of district plans shall be made in accordance with rules and regulations adopted by the State Board of Education.

51913. The plan for a comprehensive health education program shall include a statement setting forth the district's educational program for health education on a district basis. The State Board of Education shall establish standards and criteria to be used in the evaluation of plans submitted by school districts. Such standards and criteria for review and approval of plans by the State Board of Education shall include, but not be limited to, provision for:

(a) Assessment of the health educational needs of the pupils.

(b) Defined and measurable program objectives and methods of assessing the effectiveness of the program.

(c) Coordination of all district resources with the objectives of the plan.

(d) Utilization of health care professionals; local public and private health, safety, and community service agencies; and other appropriate community resources in the development and implementation of the plan.

(e) Direct participation of health care professionals, and local public and private health, safety, and community services agencies in the course evaluation.

(f) Staff development and in-service training.

(g) Evaluation of the program by the governing board of the school district with the assistance of administrators, teachers, parents, pupils, and participants in the program from the community.

51914. No plan shall be approved by the State Board of Education unless it determines that the plan was developed with the active cooperation of parents, community, and teachers, in all stages of planning, approval, and implementation of the plan.

51915. In the development of a plan for a comprehensive health education program, the governing board of a school district may include in such plan the employment of the following as resource person, with or without compensation: (a) licensed physicians and surgeons, school or public health nurses, county health officers, optometrists, dentists, and other persons licensed by the state to practice in allied health professions, and other persons recognized by the governing board as being experts in the health sciences.

**SECTION EC51210 AREAS OF STUDY**

51210. The adopted course of study for grades 1 to 6, inclusive, shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study:

(a) English, including knowledge of, and appreciation for literature and the language, as well as the skills of speaking, reading, listening, spelling, handwriting, and composition.

(b) Mathematics, including concepts, operational skills, and problem solving.

(c) Social sciences, drawing upon the disciplines of anthropology, economics, geography, history, political science, psychology, and sociology, designed to fit the maturity of the pupils. Instruction shall provide a foundation for understanding the history, resources, development, and government of California and the United States of America; the development of the American economic system including the role of the entrepreneur and labor; the relations of persons to their human and natural environment; eastern and western cultures and civilizations; contemporary issues; and the wise use of natural resources.

(d) Science, including the biological and physical aspects, with emphasis on the processes of experimental inquiry and on the place of humans in ecological systems.

(e) Visual and performing arts, including instruction in the subjects of art and music, aimed at the development of aesthetic appreciation and the skills of creative expression.

(f) Health, including instruction in the principles and practices of individual, family, and community health.

(g) Physical education, with emphasis upon the physical activities for the pupils that may be conducive to health and vigor of body and mind, for a total period of time of not less than 200 minutes each 10 schooldays, exclusive of recesses and the lunch period.

(h) Other studies that may be prescribed by the governing board.

**SECTION EC51202 INSTRUCTION ON PERSONAL & PUBLIC HEALTH AND SAFETY**

51202. The adopted course of study shall provide instruction at the appropriate elementary and secondary grade levels and subject areas in personal and public safety and accident prevention, including emergency first aid instruction, instruction in hemorrhage control, treatment for poisoning, resuscitation techniques, and cardiopulmonary resuscitation when appropriate equipment is available; fire prevention; the protection and conservation of resources, including the necessity for the protection of our environment; and health, including venereal disease and the effects of alcohol, narcotics, drugs, and tobacco upon the human body. The health instruction may include prenatal care for pregnant women and violence as a public health issue.

*SECTION EC60110-60115 INSTRUCTIONAL RESOURCES FOR ALCOHOL AND DRUG PREVENTION*

60110. It is the intent of the Legislature that the State Board of Education give high priority to the adoption of instructional materials on alcohol, drug, and traffic safety education for classroom use by teachers and pupils. The materials shall be designed to assist the teacher in presenting instruction on alcohol, drug, and traffic safety education and to meet the needs of pupils at their respective grade levels. The materials shall be accurate, objective, and current.

60111. The Department of Education shall establish an information center of current alcohol, drug, and traffic safety education materials which may be used by school districts and teachers for instruction on alcohol, drug, and traffic safety education. The information center shall include, but not be limited to, all the following: current state and federal alcohol and drug laws, including those related to traffic safety; samples of effective courses of study, curriculum guides, teaching materials, and reference materials; and reports of current and school district policies related to alcohol, drug, and traffic safety education.

60115. (a) The State Department of Education shall assemble, coordinate, and make available to the public schools and to private driving schools in this state, upon request, for their use in driver education programs, any relevant programs, materials, and information prepared or compiled by the Governor's Intergovernmental Advisory Committee on Alcohol, Drugs, and Traffic Safety.

(b) The Superintendent of Public Instruction shall allow to each school district maintaining a high school, county superintendents of schools, and the Department of the Youth Authority an amount not to exceed one dollar ($1) per pupil instructed in driver education during the preceding fiscal year. At least 50 percent of the funds received pursuant to this subdivision shall be used for the purchase of related instructional materials or for related in-service training for teachers, or both. Funds to implement this subdivision shall be provided when appropriated by the Legislature from the Driver Training Penalty Assessment Fund.

**SECTION EC51203 INSTRUCTION ON ALCOHOL AND DRUGS**

51203. Instruction upon the nature of alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances and their effects upon the human system as determined by science shall be included in the curriculum of all elementary and secondary schools. Instruction on the effects of alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances upon prenatal development as determined by science shall be included in the curriculum of all secondary schools.

The governing board of the district shall adopt regulations specifying the grade or grades and the course or courses in which the instruction with respect to alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances shall be included. All persons responsible for the preparation or enforcement of courses of study shall provide for instruction on the subjects of alcohol, narcotics, restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

**SECTION EC51260 INSTRUCTORS WITH APPROPRIATE TRAINING**

51260. (a) Instruction shall be given in the elementary and secondary schools by appropriately trained instructors on drug education and the effects of the use of tobacco, alcohol, narcotics, dangerous drugs, as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

For purposes of this chapter, an "appropriately trained instructor" is one who, based upon the determination of the site administrator, demonstrates competencies in interacting in a positive manner with children and youth; demonstrates knowledge of the properties and effects of tobacco, alcohol, narcotics, and dangerous drugs; and who demonstrates skills in conducting affective education, which include methods and techniques for helping children and youth to freely express ideas and opinions in a responsible manner and to gain an awareness of their values as they affect decisions related to drug use and misuse.

In grades 1 through 6, instruction on drug education should be conducted in conjunction with courses given on health pursuant to subdivision (f) of Section 51210.

In grades 7 to 12, inclusive, instruction on drug education shall be conducted in conjunction with courses given on health or in any appropriate area of study pursuant to Section 51220.

Such instruction shall be sequential in nature and suited to meet the needs of students at their respective grade level.

(b) Services provided under this section shall be in addition to, but shall not be duplicative of, services provided pursuant to Article 2 (commencing with Section 11965) of Part 3 of Division 10.5 of the Health and Safety Code.

*SECTION EC11802 COUNTY FUNDS ALCOHOL ABUSE PREVENTION EDUCATION*

11802. (a) Money deposited in the county alcohol abuse education and prevention fund pursuant to subdivision (b) of Section 1463.25 of the Penal Code shall be jointly administered by the administrator of the county's alcohol program and the county office of education subject to the approval of the board of supervisors and the county office of education. A minimum of 33 percent of the fund shall be allocated to primary prevention programs in the schools and community. Primary prevention programs developed and implemented under this section shall emphasize cooperation in planning and program implementation among schools and community alcohol abuse agencies and coordination shall be demonstrated through an interagency agreement among county offices of education, school districts, and the county alcohol program administrator. The remaining money shall be allocated in accordance with the planning process established pursuant to Sections 11810.5 and 11810.6.

(b) Programs funded, planned, and implemented under this section shall emphasize a joint school-community primary education and prevention program, which may include:

(1) School and classroom-oriented programs, including, but not limited to, programs designed to encourage sound decision-making, an awareness of values, an awareness of alcohol and its effects, enhanced self-esteem, social and practical skills that will assist students toward maturity, enhanced or improved school climate and relationships among all school personnel and students, and furtherance of cooperative efforts of school- and community-based personnel.

(2) School or community-based, non-classroom alternative programs, or both, including, but not limited to, positive peer group programs, programs involving youth and adults in constructive activities designed as alternatives to alcohol use, and programs for special target groups, such as women, ethnic minorities, and other high-risk, high-need populations.

(3) Family-oriented programs, including, but not limited to, programs aimed at improving family relationships and involving parents constructively in the education and nurturing of their children, as well as in specific activities aimed at preventing alcohol abuse.

(c) The money deposited under subdivision (a) shall supplement and not supplant any local funds made available to support the county's alcohol abuse education and prevention efforts.

(d) If the county has a drug abuse primary prevention program, it may choose to combine or coordinate its drug and alcohol abuse education and prevention programs.

**SECTION EC51201.5 INSTRUCTION ON AIDS**

51201.5. (a) Commencing in the 1992-93 school year, school districts shall ensure that all pupils in grades 7 to 12, inclusive, or the equivalent thereof, except as otherwise provided in subdivision (c), receive AIDS prevention instruction from adequately trained instructors in appropriate courses. Each pupil shall receive the instruction at least once in junior high or middle school and once in high school. For purposes of this subdivision, "school district" includes county boards of education, county superintendents of schools, and the State Schools for the Handicapped.

(b) The required AIDS prevention instruction shall accurately reflect the latest information and recommendations from the United States Surgeon General, federal Centers for Disease Control, and the National Academy of Sciences, and shall include the following:

(1) Information on the nature of AIDS and its effects on the human body.

(2) Information on how the human immunodeficiency virus (HIV) is and is not transmitted, including information on activities that present the highest risk of HIV infection.

(3) Discussion of methods to reduce the risk of HIV infection. This instruction shall emphasize that sexual abstinence, monogamy, the avoidance of multiple sexual partners, and abstinence from intravenous drug use are the most effective means for AIDS prevention, but shall also include statistics based upon the latest medical information citing the failure and success rates of condoms and other contraceptives in preventing sexually transmitted HIV infection and information on other methods that may reduce the risk of HIV transmission from intravenous drug use. Nothing in this section shall be construed to supersede Section 51553.

(4) Discussion of the public health issues associated with AIDS.

(5) Information on local resources for HIV testing and medical care.

(6) Development of refusal skills to assist pupils in overcoming peer pressure and using effective decision making skills to avoid high-risk activities.

(7) Discussion about societal views on AIDS, including stereotypes and myths regarding persons with AIDS. This instruction shall emphasize compassion for persons suffering from debilitating
handicaps and terminal diseases, such as AIDS.

(c) AIDS prevention instruction may not be conducted in a manner that advocates drug use, a particular sexual practice, or sexual activities. AIDS prevention instruction shall be consistent with Section 51553.

(d) At the beginning of each school year or, for a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, the governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall provide the parent or guardian of each pupil in grades 7 to 12, inclusive, or the equivalent thereof, with written notice explaining the purpose of the AIDS prevention instruction and information stating the parent's or guardian's right to request a copy of this section and Section 51553, related to AIDS prevention instruction. The governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall keep on file copies of this section and Section 51553. The Superintendent of Public Instruction shall provide the parent or guardian of each pupil in grades 7 to 12, inclusive, or the equivalent thereof, in the State Schools for the Handicapped with written notice explaining the purpose of the AIDS prevention instruction.

(1) The notice shall specify that any parent or guardian may request that his or her child or ward not receive instruction in AIDS prevention. No pupil shall attend the AIDS prevention instruction if a written request that he or she not attend has been received by the school. For the governing boards of school districts, this notification shall accompany the reporting of rights and responsibilities required by Section 48980.

(2) If authorized by the school district governing board, a school district may require parental consent prior to providing instruction on AIDS prevention to any minor pupil.

(3) At any time that an outside organization or guest speaker is scheduled to deliver AIDS prevention instruction, or anytime an assembly is held to deliver AIDS prevention instruction, notification shall be sent to the pupils' parents or legal guardians through regular United States mail, or any other method that the school district, county board of education, or county superintendent of schools, as applicable, commonly uses to communicate individually in writing to all parents or guardians, at the beginning of the school year or, with respect to a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment.

If arrangements for this instruction are made after these occurrences, notice shall be mailed, or provided by the alternative method of notification otherwise commonly used, no fewer than 10,

and no more than 15, days before the instruction is delivered. Notification sent pursuant to this paragraph shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the parent's or guardian' s right to request a copy of this section and Section 51553, related to AIDS prevention instruction. The governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall keep on file copies of this section and Section 51553.

(e) All school districts shall ensure all of the following:

(1) That instructional materials related to this instruction are available.

(2) That these instructional materials are appropriate for use with pupils of various ages and learning abilities.

(3) That these instructional materials may be used effectively with pupils from a variety of ethnic, cultural, and linguistic backgrounds, and pupils with special needs.

(f) A pupil shall not be subject to disciplinary action, academic penalty, or other sanction if the pupil's parent or guardian declines to permit the pupil to receive the instruction described in subdivision (a) and the pupil does not receive the instruction.

(g) While the instruction described in subdivision (a) is being delivered, an alternative educational activity shall be made available to pupils whose parents or guardians have requested that they not receive the instruction described in subdivision (a).

*SECTION EC51554 FAMILY LIFE – HUMAN IMMUNO DEFICIENCY VIRUS (HIV) ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) – SEXUALLY TRANSMITTED DISEASES (STDS) - ILLUSTRATION GUEST SPEAKERS*

51554. (a) Unless a pupil's parent or guardian has been sent written notification through regular United States mail, or any other method that the school district, county board of education, or county superintendent of schools, as applicable, commonly uses to communicate individually in writing to all parents or guardians, at the beginning of the school year or, with respect to a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment, a pupil shall not receive instruction on sexually transmitted diseases, AIDS, human sexuality, or family life that is delivered by an outside organization or guest speakers brought in specifically to provide that instruction, whether the guest speakers are brought in to lecture, distribute information, show a videotape, act out, conduct an activity involving pupil participation, or provide audio material on these subjects. Notification sent pursuant to this section shall include the date of the instruction, the name of the organization or affiliation of each guest speaker, and information stating the parent's or guardian's right to request a copy of Sections 51201.5 and 51553, related to AIDS prevention instruction. The governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall keep on file copies of this section and Section 51553. If arrangements for this instruction are made after the written notice required by this section is sent, notice of instruction to be delivered by outside organizations or guest speakers shall be mailed, or provided by the alternative method of notification otherwise commonly used, no fewer than 10, and no more than 15, days before the instruction is delivered. For purposes of this subdivision, "instruction" includes instruction delivered in an individual classroom, before combined classes, or in assemblies.

(b) In the case of instruction that involves presentations on sexually transmitted diseases, AIDS, human sexuality, or family life delivered in an assembly, a pupil shall not receive that instruction if a teacher employed by the school district or administrator employed by the school district delivers that instruction unless the pupil's parent or guardian is notified through regular United States mail, or any other method that the school district, county board of education, or

county superintendent of schools, as applicable, commonly uses to communicate individually in writing to all parents or guardians, about the instruction at the beginning of the school year or, with respect to a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment. If arrangements for this instruction are made after these occurrences, notice shall be provided no fewer than 10, and no more than 15, days before the instruction is delivered. For purposes of this subdivision, "instruction" includes oral presentations, visual presentations, and activities.

(c) A pupil shall not be subject to a disciplinary action, academic penalty, or other sanction if the pupil's parent or guardian declines to permit the pupil to receive the instruction described in subdivision (a) or (b) and the pupil does not receive the instruction.

(d) During the period of time instruction described in subdivision (a) or (b) is being delivered, an alternative educational activity shall be made available to pupils whose parents or guardians have requested that they not receive the instruction described in subdivision (a) or (b).

## SECTION 51550 SEX EDUCATION COURSES PARENT NOTIFICATION

51550. No governing board of a public elementary or secondary school may require pupils to attend any class in which human reproductive organs and their functions and processes are described, illustrated or discussed, whether such class be part of a course designated "sex education" or "family life education" or by some similar term, or part of any other course which pupils are required to attend.

If classes are offered in public elementary and secondary schools in which human reproductive organs and their functions and processes are described, illustrated or discussed, the parent or guardian of each pupil enrolled in such class shall first be notified in writing of the class. Sending the required notice through the regular United States mail, or any other method which such local school district commonly uses to communicate individually in writing to all parents, meets the notification requirements of this paragraph.

Opportunity shall be provided to each parent or guardian to request in writing that his child not attend the class. Such requests shall be valid for the school year in which they are submitted but may be withdrawn by the parent or guardian at any time. No child may attend a class if a request that he not attend the class has been received by the school.

Any written or audiovisual material to be used in a class in which human reproductive organs and their functions and processes are described, illustrated, or discussed shall be available for inspection by the parent or guardian at reasonable times and places prior to the holding of a course which includes such classes. The parent or guardian shall be notified in writing of his opportunity to inspect and review such materials.

This section shall not apply to description or illustration of human reproductive organs which may appear in a textbook, adopted pursuant to law, on physiology, biology, zoology, general science, personal hygiene, or health.

Nothing in this section shall be construed as encouraging the description, illustration, or discussion of human reproductive organs and their functions and processes in the public elementary and secondary schools.

The certification document of any person charged with the responsibility of making any instructional material available for inspection under this section or who is charged with the responsibility of notifying a parent or guardian of any class conducted within the purview of this section, and who knowingly and willfully fails to make such instructional material available for inspection or to notify such parent or guardian, may be revoked or suspended because of such act. The certification document of any person who knowingly and willfully requires a pupil to

attend a class within the purview of this section when a request that the pupil not attend has been received from the parent or guardian may be revoked or suspended because of such act.

## SECTION EC51553 SEX EDUCATION COURSE CRITERIA

51553. (a) All public elementary, junior high, and senior high school classes that teach sex education and discuss sexual intercourse shall emphasize that abstinence from sexual intercourse is the only protection that is 100 percent effective against unwanted teenage pregnancy, sexually transmitted diseases, and acquired immune deficiency syndrome (AIDS) when transmitted sexually. All material and instruction in classes that teach sex education and discuss sexual intercourse shall be age appropriate.

(b) All sex education courses that discuss sexual intercourse shall also satisfy the following criteria:

(1) (A) Factual information presented in course material and instruction shall be medically accurate and objective.

(B) For purposes of this section, the following definitions apply:

(i) "Factual information" includes, but is not limited to, medical, psychiatric, psychological, empirical, and statistical statements.

(ii) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, such as the Centers for Disease Control and Prevention.

(2) Course material and instruction shall stress that abstinence is the only contraceptive method which is 100 percent effective, and that all other methods of contraception carry a risk of failure in preventing unwanted teenage pregnancy. Statistics based on the latest medical information shall be provided to pupils citing the failure and success rates of condoms and other contraceptives in preventing pregnancy.

(3) Course material and instruction shall stress that sexually transmitted diseases are serious possible hazards of sexual intercourse. Pupils shall be provided with statistics based on the latest medical information citing the failure and success rates of condoms in preventing AIDS and other sexually transmitted diseases.

(4) Course material and instruction shall include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse outside of marriage and the consequences of unwanted adolescent pregnancy.

(5) Course material and instruction shall stress that pupils should abstain from sexual intercourse until they are ready for marriage.

(6) Course material and instruction shall teach honor and respect for monogamous heterosexual marriage.

(7) Course material and instruction shall advise pupils of the laws pertaining to their financial responsibility to children born in and out of wedlock.

(8) Course material and instruction shall advise pupils that it is unlawful for males or females of any age to have sexual intercourse with males or females under the age of 18 years to whom they are not married, pursuant to Section 261.5 of the Penal Code.

(9) Course material and instruction shall emphasize that the pupil has the power to control personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control, and ethical considerations, such as respect for oneself and others.

(10) Course material and instruction shall teach pupils to not make unwanted physical and verbal sexual advances, how to say "no" to unwanted sexual advances, and shall include information about sexual assault, verbal, physical, and visual, including, but not limited to, nonconsensual sexual advances, nonconsensual physical sexual contact, and rape by an acquaintance, commonly referred to as "date rape." This course material and instruction shall contain methods of preventing sexual assault by an acquaintance, including exercising good judgment and avoiding behavior that impairs good judgment, and shall also encourage youth to resist negative peer pressure. This course material and instruction also shall inform pupils of the potential legal consequences of sexual assault by an acquaintance. Specifically, pupils shall be advised that it is unlawful to touch an intimate part of another person, as specified in subdivision (d) of
Section 243.4 of the Penal Code.

(11) Course materials and instruction shall be free of racial, ethnic, and gender biases.

(c) All sex education courses that discuss sexual intercourse shall teach pupils that it is wrong to take advantage of, or to exploit, another person.

## SECTION EC51229 SEX EDUCATION MATERIALS

51229. (a) The Legislature hereby finds and declares all of the following:

(1) That abstinence is the only completely effective method of preventing pregnancy, acquired immune deficiency syndrome (AIDS), and other sexually transmitted diseases.

(2) That existing law does not provide for either specific instruction or instructional materials in the curriculum to address the issue of abstinence from sexual intercourse, exclusive from other sexual behavior.

(b) The Superintendent of Public Instruction shall contract with an organization to develop a videotape and supplementary materials that would teach abstinence from sexual activity.

(c) Schools electing to use this videotape may use it within the context of comprehensive health education programs.

(d) The videotape and supplementary materials shall be compatible with the Family Life Education Guidelines adopted in 1987 by the State Board of Education and shall, at a minimum, do all of the following:

(1) Present the main theme of "It's Okay To Say No To Sex," that would be directed to pupils in grades 7 to 12, inclusive.

(2) Be pupil-centered, not teacher-centered, using pupils as presenters in the video to reflect the pressure pupils feel from their peers, both male and female and from the media. The content of the video shall be acceptable for presentation on television and of high enough quality to be used as shorts on television as public service announcements.

(3) Focus on the process of decision-making that pupils use when confronted with decisions about engaging in sex. The video shall portray refusal skills and reflect the decisionmaking processes taught in the school curriculum.

(4) Portray vignettes dispelling myths on why pupils engage in sex.

(5) Portray strategies for saying no for males and females.

(6) Discuss the topic of abstinence and encourage teens to take responsibility and make ethical and reasoned decisions in the prevention of teen pregnancy, with the idea of the videotapes being used over a long period of time.

(e) The videotape and the supplementary materials shall be reviewed by the State Board of Education.

## SECTION EC51240 PARENTS WRITTEN REQUEST TO EXCUSE STUDENTS

51240. Whenever any part of the instruction in health, family life education, and sex education conflicts with the religious training and beliefs of the parent or guardian of any pupil, the pupil, on written request of the parent or guardian, shall be excused from the part of the training which conflicts with such religious training and beliefs.

As used in this section, "religious training and beliefs" includes personal moral convictions.

## SECTION EC51555 FAMILY LIFE – AIDS-STD INSTRUCTION K-6

51555. Before a pupil who is enrolled in kindergarten or any of grades 1 to 6, inclusive, receives instruction on sexually transmitted diseases, AIDS, human sexuality, or family life, the governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall provide the parent or guardian of each pupil with written notice explaining that the instruction will be given and information stating the parent's or guardian's right to request a copy of Sections 51201.5 and 51553, related to AIDS prevention instruction. The governing board of each school district, each county board of education, and each county superintendent of schools, as applicable, shall keep on file copies of this section and Section 51553. Sending the required notice through the regular United States mail, or by any other method that the school district, county board of education, or county superintendent of schools, as applicable, commonly uses to communicate individually in writing to all parents or guardians, meets the notification requirement of this paragraph.

## SECTION EC51220.5 PARENTING SKILLS

51220.5. (a) The Legislature finds and declares the following:

(1) The family is our most fundamental social institution and the means by which we care for, prepare, and train our children to be productive members of society.

(2) Social research shows increasingly that the disintegration of the family is a major cause of increased welfare enrollment, child abuse and neglect, juvenile delinquency, and criminal activity.

(3) The lack of knowledge of parenting skills and the lack of adequate preparation to assume parental responsibilities are not only major causes of family disintegration, but also contribute substantially to the disastrous consequences of teen pregnancy.

(4) Because the state government bears much of the economic and social burden associated with the disintegration of the family in California, the state has a legitimate and vital interest in adequately preparing its residents for parenthood.

(b) The Legislature recognizes that the public education system is the most efficient and effective means to educate the populace on a large-scale basis, and intends, therefore, to use the public education system to ensure that each California resident has an opportunity to acquire knowledge of parenting skills prior to becoming a parent. That knowledge should include, at a bare minimum, all of the following:

(1) Child development and growth.

(2) Effective parenting.

(3) Prevention of child abuse.

(4) Nutrition.

(5) Household finances and budgeting.

(6) Personal and family interaction and relations.

(7) Methods to promote self-esteem.
(8) Effective decision-making skills.
(9) Family and individual health.
(c) Commencing with the 1995-96 fiscal year, the adopted course of study for grade 7 or 8 shall include the equivalent content of a one-semester course in parenting skills and education. All pupils entering grade 7 on or after July 1, 1995, shall be offered that course or its equivalent content during grade 7 or 8, or both. On or before January 1, 1995, the State Department of Education shall supply, to each school district that includes a grade 7 or 8, a sample curriculum suitable either for implementation as a stand-alone one-semester course or for incorporation within identified existing required or optional courses, with content designed to develop a knowledge of topics including, but not limited to, all of the following:
(1) Child growth and development.
(2) Parental responsibilities.
(3) Household budgeting.
(4) Child abuse and neglect issues.
(5) Personal hygiene.
(6) Maintaining healthy relationships.
(7) Teen parenting issues.
(8) Self-esteem.
A district that implements the curriculum set forth in this subdivision in a stand-alone required course may exempt a pupil from the course if the pupil requests the exemption and satisfactorily demonstrates mastery of the course content. The district shall determine the method by which a pupil may demonstrate this mastery.
(d) Commencing with the 1993-94 fiscal year, community college districts may offer, to interested individuals, noncredit fee-supported courses in parenting skills and education as described in subdivision (c).
(e) This section is not intended to replace existing courses that accomplish the intent of this section. School districts may meet the requirements of this section with existing courses of study offered in any of grades 6 to 9, inclusive, that includes the course contents identified in subdivision (c). When the parenting skills and education curriculum is incorporated within courses other than consumer and home economics courses, these courses are not subject to the curricular standards specified in Section 2 of Chapter 775 of the Statutes of 1989 or in the consumer and home economics education model performance standards and framework. Teachers of courses other than consumer and home economics that incorporate parenting skills and education are not required to meet the qualifications specified for teachers of consumer and home economics.
(f) This section shall become operative only if a funding source is identified by the Superintendent of Public Instruction for the purposes of this section on or before January 1, 1995.
(g) The Superintendent of Public Instruction shall identify the funding source for this section from existing resources or private resources, or both, that may be available for the purposes of this section. The superintendent shall notify school districts when sufficient funds have been identified and are allocated to cover all costs relating to the operation of this section.

*SECTION EC233-233.5 K-12 SCHOOL ENVIRONMENT FREE FROM DISCRIMNATION & HATE VIOLENCE*

233. (a) At the request of the Superintendent of Public Instruction, the State Board of Education shall do all of the following as long as the board's actions do not result in a state mandate or an increase in costs to a state or local program:

(1) Adopt policies directed toward creating a school environment in kindergarten and grades 1 to 12, inclusive, that is free from discriminatory attitudes and practices and acts of hate violence.

(2) Revise, as needed, and in accordance with the State Board of Education's adopted Schedule for Curriculum Framework Development and Adoption of Instructional Materials developed pursuant to Section 60200, the state curriculum frameworks and guidelines and the moral and civic education curricula to include human relations education, with the aim of fostering an appreciation of people of different ethnicities.

(3) Establish guidelines for use in teacher and administrator in-service training programs to promote an appreciation of diversity and to discourage the development of discriminatory attitudes and practices that prevent pupils from achieving their full potential.

(4) Establish guidelines for use in teacher and administrator in-service training programs designed to enable teachers and administrators to prevent and respond to acts of hate violence occurring on their school campuses.

(5) Establish guidelines designed to raise the awareness and sensitivity of teachers, administrators, and school employees to potentially prejudicial and discriminatory behavior and to encourage the participation of these groups in these programs.

(6) Develop guidelines relating to the development of nondiscriminatory instructional and counseling methods.

(7) Revise any appropriate guidelines previously adopted by the board to include procedures for preventing and responding to acts of hate violence.

(b) The State Department of Education, in accordance with policies established by the State Board of Education for purposes of this subdivision, shall do all of the following:

(1) Prepare guidelines for the design and implementation of local programs and instructional curricula that promote understanding, awareness, and appreciation of the contributions of people with diverse backgrounds and of harmonious relations in a diverse society.

The guidelines shall include methods of evaluating the programs and curricula and suggested procedures to ensure coordination of the programs and curricula with appropriate local public and private agencies.

(2) Provide grants, from funds appropriated for that purpose, to school districts and county offices of education to develop programs and curricula consistent with the guidelines developed in paragraph (1).

(3) To the extent possible, provide advice and direct services, consistent with the guidelines developed in paragraph (1), to school districts and county offices of education that implement the programs and curricula developed in paragraph (2).

(c) The State Board of Education shall carry out this section only if private funds, in an amount sufficient to pay for related State Department of Education staff activities on behalf of the board, are made available.

(d) Nothing in this section shall be construed to require the governing board of a school district to offer any ethnic studies or human relations courses in the district.

(e) As used in this section, "hate violence" means any act punishable under Section 422.6, 422.7, or 422.75 of the Penal Code.

233.5. (a) Each teacher shall endeavor to impress upon the minds of the pupils the principles of morality, truth, justice, patriotism, and a true comprehension of the rights, duties, and dignity of American citizenship, and the meaning of equality and human dignity, including the promotion of harmonious relations, kindness toward domestic pets and the humane treatment of living

creatures, to teach them to avoid idleness, profanity, and falsehood, and to instruct them in manners and morals and the principles of a free government.

(b) Each teacher is also encouraged to create and foster an environment that encourages pupils to realize their full potential and that is free from discriminatory attitudes, practices, events, of activities, in order to prevent acts of hate violence, as defined in subdivision (e) of Section 233.

**SECTION PC 11166 CHILD ABUSE REPORTING**

11166. (a) Except as provided in subdivision (b), any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, or humane society officer who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. A child protective agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy. For the purposes of this article, "reasonable suspicion" means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis of reasonable suspicion of sexual abuse.

(b) Any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, or humane society officer who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way, may report the known or suspected instance of child abuse to a child protective agency.

(c) (1) Except as provided in paragraph (2) and subdivision (d), any clergy member who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her duties, whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. A child protective agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death.

(2) A clergy member who acquires knowledge or reasonable suspicion of child abuse during a penitential communication is not subject to paragraph (1). For the purposes of this subdivision, "penitential communication" means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of the discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications secret.

(3) Nothing in this subdivision shall be construed to modify or limit a clergy member's duty to report known or suspected child abuse when he or she is acting in the capacity of a child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, animal control officer, humane society officer, or commercial film print processor.

(d) Any member of the clergy who has knowledge of or who reasonably suspects that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way may report the known or suspected instance of child abuse to a child protective agency.

(e) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(f) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse may report the known or suspected instance of child abuse to a child protective agency.

(g) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(h) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(i) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare department. A county probation or welfare department also shall send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected

instance of child abuse reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare department. A law enforcement agency shall report to the county welfare department every known or suspected instance of child abuse reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subdivision.

*SECTION EC51891 COMMUNITY PARTICIPATION IN COMPREHENSIVE HEALTH EDUCATION*

51891. As used in this chapter, "community participation" means the active participation in the planning, implementation, and evaluation of comprehensive health education by parents, professional practicing health care and public safety personnel, and public and private health care and service agencies.

## SECTION EC51513 QUESTIONING STUDENTS

51513. No test, questionnaire, survey, or examination containing any questions about the pupil's personal beliefs or practices in sex, family life, morality, and religion, or any questions about the pupil's parents' or guardians' beliefs and practices in sex, family life, morality, and religion, shall be administered to any pupil in kindergarten or grades 1 to 12, inclusive, unless the parent or guardian of the pupil is notified in writing that this test, questionnaire, survey, or examination is to be administered and the parent or guardian of the pupil gives written permission for the pupil to take this test, questionnaire, survey, or examination.

## SECTION EC60040-42 ADOPTION OF INSTRUCTIONAL MATERIALS

60040. When adopting instructional materials for use in the schools, governing boards shall include only instructional materials which, in their determination, accurately portray the cultural and racial diversity of our society, including:

(a) The contributions of both men and women in all types of roles, including professional, vocational, and executive roles.

(b) The role and contributions of American Indians, American Negroes, Mexican Americans, Asian Americans, European Americans, and members of other ethnic and cultural groups to the total development of California and the United States.

(c) The role and contributions of the entrepreneur and labor in the total development of California and the United States.

60041. When adopting instructional materials for use in the schools, governing boards shall include only instructional materials which accurately portray, whenever appropriate:

(a) Humanity's place in ecological systems and the necessity for the protection of our environment.

(b) The effects on the human system of the use of tobacco, alcohol, narcotics and restricted dangerous drugs as defined in Section 11032 of the Health and Safety Code, and other dangerous substances.

60042. When adopting instructional materials for use in the schools, governing boards shall require such materials as they deem necessary and proper to encourage thrift, fire prevention and the humane treatment of animals and people.

## SECTION EC60044 PROHIBITED INSTRUCTIONAL MATERIAL

60044. No instructional materials shall be adopted by any governing board for use in the schools which, in its determination, contains:

(a) Any matter reflecting adversely upon persons because of their race, color, creed, national origin, ancestry, sex, handicap, or occupation.

(b) Any sectarian or denominational doctrine or propaganda contrary to law.

## SECTION EC51781 GENETIC DISEASE & DISORDER INSTRUCTION

51781. The Department of Education shall prepare and distribute to local school districts guidelines and plans for the preparation of comprehensive educational programs for the prevention of genetic diseases, disorders, and birth defects, and in cooperation with those county offices of education which desire to participate, shall assist school districts in developing comprehensive genetic diseases and disorders plans and programs and for this purpose shall assume the following functions and carry out the following duties:

(a) Conduct on an annual basis at least 25 workshops and training programs for approximately 2,500 school district teams of certified school personnel, using instructional materials, curricula, and guidelines developed by the department for dissemination at training programs conducted during the year.

(b) Prepare an annual report for the Joint Legislative Budget Committee which shall include, but not be limited to, the following information: the names of school districts and schools participating in the workshops, the numbers and staff composition of certified school personnel in attendance at the workshops, an estimate of the number of pupils who will benefit from the genetic diseases and disorders instruction, and total program expenditures for the year.

## SECTION EC32230-32239 CONFLICT RESOLUTION & SCHOOL VIOLENCE REDUCTION PROGRAM

32230. It is the intent of the Legislature that schools and school districts receiving grants pursuant to this article accomplish the following goals:

(a) Protect pupils and school staff from crime and violence on school campuses.

(b) Secure school campuses from outside criminal activity and disturbances.

(c) Provide safe passage for pupils to and from school.

(d) Reduce truant and delinquent behavior by pupils.

(e) Teach pupils techniques for resolving conflicts without resorting to the use of violence.

(f) Train school staff and administrators to support and promote conflict resolution and mediation techniques for resolving conflicts between or among pupils.

(g) Reduce the incidents of violence at the school site.

(h) Provide pupils with after school programs that promote and utilize conflict resolution and mediation techniques as positive alternatives to delinquent behavior.

32231. (a) The School Violence Reduction Program is hereby established. This statewide grant program shall be coordinated through county offices of education to provide grants to schools and school districts for school violence reduction programs. Each county office of education shall do all of the following:

(1) No later than 60 days after the Superintendent of Public Instruction certifies the level of funds available for the fiscal year pursuant to Section 32238, notify the Superintendent of Public Instruction of the intent of the county office of education to participate in the grant program.

(2) Notify schools and school districts within the jurisdiction of the county office of education of the availability of, and the process to be followed in applying for, grants under the grant program.

(3) Identify the elements found in successful school violence reduction programs and incorporate those elements into the criteria for review and selection of requests for proposals for grants, as described in subdivision (b) of Section 32233.

(4) Provide information as requested by the Superintendent of Public Instruction for use in the evaluation conducted pursuant to Section 32237.

(5) Provide information as requested by the Superintendent of Public Instruction on the types of safe school strategies funded with these grants.

(b) (1) If a county office of education chooses not to participate individually in the grant program, or if funding available through the grant program to an individual county office of education would be insufficient to conduct school violence reduction programs in accordance with the requirements of this article, several county offices of education may form a consortium to participate in the grant program and shall be subject to this article to the same extent as an individual county office of education.

(2) If a county office of education chooses not to participate in the grant program either individually or as part of a consortium, that portion of funding that the county office would have received for the grant program shall be distributed on a pro rata basis to participating county offices of education.

32232. (a) The State Department of Education, through its Healthy Kids Resource Center, shall identify, and distribute information to public schools about, programs or curricula on self-reliance and safety that are designed to teach pupils the skills and to help pupils develop the self-esteem necessary to recognize and prevent child endangerment, such as abduction, abuse, and neglect.

(b) In identifying the programs or curricula specified in subdivision (a), the Healthy Kids Resource Center may consult with statewide or national entities and other appropriate parties that train children to equip themselves with the skills and self-esteem necessary to recognize and prevent child endangerment, such as abduction, abuse, and neglect.

(c) The programs or curricula identified pursuant to subdivision (a) shall contain the following components:

(1) The teaching of skills to identify, avoid when possible, and handle potentially dangerous or immediately threatening situations, such as abduction, abuse, and neglect.

(2) Recommendations for pupils on seeking assistance for anxiety, for threats of abuse, or for actual abuse, including ways to confide in a trusted adult the fact that the pupil has been the recipient of unwanted touching from another person or inappropriate physical force from another person.

(3) Methods for responding to unsolicited attention given to a pupil by an older person.

(4) Methods for communicating with another person if that person has engaged in unwanted touching of the pupil.

(5) Instructions on ways to identify situations that can increase the risk of abuse or that pose a danger to the pupil.

(6) Instructions on obtaining help in an emergency from resources such as parents or guardians, police, fire departments, neighbors, and telephone operators.

(7) Strategies to be used to remain safe in stores, in unfamiliar neighborhoods, or at home, when the pupil is alone or has been left in charge of younger children.

(8) Learning activities that are age appropriate and experiential.

(d) Organizations that may teach the programs or curricula identified pursuant to subdivision (a) may include, but need not be limited to, the following:

(1) Service organizations.

(2) Parent and teacher organizations.

(3) Law enforcement agencies.

(4) Nonprofit organizations.

32233. (a) No later than 90 days after the Superintendent of Public Instruction certifies the level of funds available for the fiscal year pursuant to Section 32238, a county office of education that has notified the Superintendent of Public Instruction of its intent to participate in the grant program shall develop requests for proposals, pursuant to which that county office of education shall select grant recipients from schools and school districts within the jurisdiction of the county office of education.

(b) The participating county offices of education shall establish selection criteria for the approval of applications submitted by schools and school districts for school violence reduction programs. The approved selection criteria shall include, but not be limited to, an evaluation of all of the following:

(1) The extent to which the applicant demonstrates that conflict or violence is a substantial and continuing problem for pupils and staff.

(2) The applicant's formal relationship with the appropriate law enforcement agency or agencies and county probation office to coordinate crime and violence reduction efforts.

(3) The extent to which the applicant school or school district has involved pupils, parents, businesses, social service agencies, law enforcement agencies, and other appropriate community representatives in developing the proposed conflict resolution or school violence reduction program.

(4) The ability of the applicant school or school district to effectively manage and administer the proposed program.

(5) The applicant's comprehensive safety strategy developed for the school community to ensure the safety of pupils and staff.

(6) The extent to which the proposed school violence reduction program meets the identified safety needs of the pupils and staff.

(7) The extent to which the proposed strategies for the school violence reduction program fit within the applicant's existing comprehensive school safety plans.

(8) The applicant's commitment to the implementation of the proposed school violence reduction program and its plan for the continuation of the program upon termination of state funding.

(9) The extent to which the applicant submits a proposal in which monetary and in-kind support, in addition to the funds provided through a grant, are identified to promote the success of a school violence reduction program.

(10) The extent to which the applicant develops a plan, and demonstrates the ability, to share the successful components of its school violence reduction program with other schools and school districts.

(c) The participating county offices of education shall provide for the selection of an application review panel comprised of representatives from local law enforcement, education, and community agencies and county probation offices.

(d) Grant recipients shall be selected and notified no later than 30 days after submitting applications.

32234. School violence reduction programs funded pursuant to grants under this article may include, but not be limited to, all of the following activities:
(a) Implementing safe school strategies.
(b) Supporting school police and security personnel.
(c) Supporting a school resource or probation officer on campus.
(d) Purchasing security equipment such as communication devices and metal detectors.
(e) Implementing truancy reduction programs.
(f) Establishing attendance improvement programs.
(g) Establishing conflict resolution projects.
(h) Making the schoolsite available after hours for activities for youth that provide positive alternatives to criminal or delinquent behavior.
(i) Involving parents in efforts to ensure safety and security on and around the school campus.
(j) Establishing programs for hate-motivated crime prevention.

32235. (a) There is hereby established in the General Fund a School Safety Account, which is hereby continuously appropriated for purposes of this article. Funds made available pursuant to Section 11489 of the Health and Safety Code, as amended by Chapter 100 of the Statutes of 1995, shall be deposited in the School Safety Account. The Superintendent of Public Instruction shall allocate funds in the School Safety Account in the following manner:
(1) An amount not to exceed ten million dollars ($10,000,000) for distribution in accordance with subdivision (b) to participating county offices of education for purposes of awarding grants pursuant to this article.
(2) An amount not to exceed one hundred thousand dollars ($100,000) for the contract for the evaluation to be conducted pursuant to Section 32237.
(b) If the funds in the School Safety Account exceed two million dollars ($2,000,000) in any applicable fiscal year, the superintendent shall distribute the funds specified in paragraph (1) of subdivision (a) as follows:
(1) Five percent of the total funds shall be available for distribution to county offices of education with a pupil enrollment of 14,999 or less for county offices of education that have notified the superintendent of their intent to participate in the grant program pursuant to Section 32231.
(2) Ninety-five percent of the total funds shall be available for distribution to county offices of education with a pupil enrollment of 15,000 or more.
(3) The total funds available for distribution pursuant to paragraph (1) in each applicable fiscal year shall be divided by the total pupil enrollment in kindergarten and grades 1 to 12, inclusive, for the county offices of education that are eligible to participate in the grant program under paragraph (1). The total funds available for distribution pursuant to paragraph (2) in each applicable year shall be divided by the total pupil enrollment in kindergarten and grades 1 to 12, inclusive, for the county offices of education that are eligible to participate in the grant program under paragraph (2).

(4) The amounts specified in paragraph (3) shall be multiplied by the total pupil enrollment within the jurisdiction of the participating county offices of education for the previous fiscal year, as that pupil enrollment is identified in data compiled under the California Basic Educational Data System maintained by the State Department of Education.

(5) The product specified in paragraph (4) shall be distributed to each county office of education that is participating in the grant program.

(c) The superintendent may allocate funds to any consortium of county offices of education participating in the grant program pursuant to subdivision (b) of Section 32231. The amount allocated to the consortium shall be the total amount that would have been distributed to each individual county office of education in the consortium in the applicable fiscal year pursuant to subdivision (b) had that office received a grant on an individual basis.

32236. (a) Any participating county office of education or consortium of county offices of education may utilize no more than 5 percent of the funds received by that county office of education or consortium pursuant to Section 32235 for expenses associated with the implementation of the grant program.

(b) The Superintendent of Public Instruction may retain 3 percent of the money to be distributed pursuant to paragraph (1) of subdivision (a) of Section 32235 for the School Violence Reduction Program for the purposes of administering this article and disseminating information regarding successful school violence reduction programs that are developed and implemented by participating county offices of education to other county offices of education.

(c) The Superintendent of Public Instruction may retain five hundred thousand dollars ($500,000) from the money distributed pursuant to paragraph (1) of subdivision (a) of Section 32235 for the purposes of administering the Targeted Truancy and Public Safety Grant Program contained in Article 4 (commencing with Section 48700) of Chapter 4 of Part 27. The funds allocated pursuant to this subdivision shall be the total amount allocated for these purposes for the duration of the Targeted Truancy and Public Safety Grant Program.

32237. (a) The Superintendent of Public Instruction shall contract for an ongoing independent evaluation of the effectiveness of school violence reduction programs funded by grants pursuant to this article. The evaluation shall determine the effectiveness of each program based upon all of the following criteria:

(1) A reduction in incidents of school violence at the schoolsite where the school violence reduction program is conducted.

(2) A reduction in the number of suspensions or expulsions of pupils for violent behavior at the schoolsite where the school violence reduction program is conducted.

(3) A comparison of incidents of school violence with schools of similar size and pupils of similar socioeconomic background as the schoolsite where the school violence reduction program is conducted.

(b) On or before June 1, 1998, the superintendent shall submit to the Legislature an interim progress report and on or before October 1, 1999, the superintendent shall submit to the Legislature a final evaluation report, both of which shall be based on the ongoing evaluation made pursuant to subdivision (a).

32238. (a) No later than October 1 of each fiscal year, the Superintendent of Public Instruction shall certify the level of funds available for this act for that fiscal year.

(b) Sections 32231, 32233, 32235, and 32237 shall be operative only in a fiscal year in which the Superintendent of Public Instruction, after written notification to the Director of Finance, certifies that more than two million dollars ($2,000,000) is available for the purposes of this act.

(c) In any fiscal year in which the funds certified by the Superintendent of Public Instruction are less than or equal to two million dollars ($2,000,000), the superintendent shall consult with county offices of education and choose a cross-section of county offices of education representative of large, medium, and small counties to participate in

the Conflict Resolution and School Violence Reduction Program pursuant to the criteria of this act. Funding for additional county offices of education may be allocated as additional funds become available. County offices of education participating in the program under this subdivision shall ensure the appropriate evaluations by providing information on an annual basis as requested by the Superintendent of Public Instruction.

32239. This article shall remain in effect only until January 1, 2000, and shall have no force or effect on and after that date, unless a later enacted statute, which becomes effective on or before January 1, 2000, deletes or extends that date

*SECTION EC8482-8484 AFTER-SCHOOL LEARNING AND SAFE NEIGHBORHOODS PARTNERSHIP PROGRAM*

8482. There is hereby established the After School Learning and Safe Neighborhoods Partnerships Program. The purpose of this program is to create incentives for establishing locally driven after school enrichment programs that partner schools and communities to provide academic and literacy support and safe, constructive alternatives for youth.

8482.3. (a) The After School Learning and Safe Neighborhoods Partnerships Program shall be established to serve pupils in kindergarten and grades 1 to 9, inclusive, at participating elementary, middle, junior high, and charter schoolsites.

(b) A program may operate on one or multiple schoolsites. If a program operates at multiple schoolsites, only one application shall be required for its establishment.

(c) An after school program established pursuant to this article shall consist of the following two components:

(1) An educational and literacy component whereby tutoring or homework assistance is provided in one or more of the following areas: language arts, mathematics, history and social science, or science.

(2) A component whereby educational enrichment, which may include, but need not be limited to, recreation and prevention activities, is provided.

(d) Applicants for programs established pursuant to this article may include any of the following:

(1) A local education agency, including a charter school.

(2) A city, county, or nonprofit organization in partnership with, and with the approval of, a local education agency or agencies.

(e) Applicants for grants pursuant to this article shall ensure that each of the following requirements is fulfilled, if applicable:

(1) The application documents the commitments of each partner to operate a program on that schoolsite or schoolsites.

(2) The application has been approved by the school district and the principal of each schoolsite.

(3) Each partner in the application agrees to share responsibility for the quality of the program.

(4) The application designates the public agency or local education agency partner to act as the fiscal agent. For purposes of this section, "public agency" means only a county board of supervisors or, where the city is incorporated or has a charter, a city council.

(5) Applicants agree to follow all fiscal reporting and auditing standards required by the State Department of Education.

8482.5. (a) Priority for funding programs established pursuant to this article shall be given to schools where a minimum of 50 percent of the pupils in elementary schools and 50 percent of the pupils in middle and junior high schools are eligible for free or reduced-cost meals through the school lunch program of the United States Department of Agriculture.

(b) Every program established pursuant to this article shall be planned through a collaborative process that includes parents, youth, and representatives of participating school-sites, governmental agencies, such as city and county parks and recreation departments, community organizations, and the private sector.

8482.6. Every pupil attending a school operating an after school program pursuant to this article is eligible to participate in the program, subject to program capacity. An after school program established pursuant to this article is not required to charge family fees or conduct individual eligibility determination based on need or income.

8482.8. (a) If there is a significant barrier to pupil participation in a program established pursuant to this article at the school of attendance, an applicant may request approval from the Superintendent of Public Instruction, prior to or during the grant application process, to provide services at another school-site. An applicant that requests approval shall address the manner in which the applicant intends to provide safe, supervised transportation between school-sites; ensure communication among teachers in the regular school program, staff in the after school program, and parents of pupils; and align the educational and literacy component of the after school program with participating pupils' regular school programs.

(b) For purposes of this article, a significant barrier to pupil participation in a program established pursuant to this chapter means either of the following:

(1) Fewer than 20 pupils participating in the program.

(2) Extreme transportation constraints, including, but not limited to, desegregation bussing, bussing for magnet or open enrollment schools, or pupil dependence on public transportation.

8483. (a) (1) Every after school program established pursuant to this article shall operate a minimum of three hours a day and at least until 6 p.m. on every regular school day. Every program shall establish a policy regarding reasonable early daily release of pupils from the program.

(2) It is the intent of the Legislature that elementary school pupils participate in the full day of the program every day during which pupils participate and that pupils in middle school or junior high school attend a minimum of nine hours a week and three days a week to accomplish program goals, except when released early in accordance with the early release policy described in paragraph (1) or as reasonably necessary.

(3) In order to develop an age appropriate after school program for pupils in middle school or junior high school, programs established pursuant to this article may implement a flexible attendance schedule for those pupils. Priority for enrollment of pupils in middle school or junior high school shall be given to pupils who attend daily.

(b) The administrators of a program established pursuant to this article shall have the option of operating during any combination of summer, intersession, or vacation periods for a minimum of three hours per day at the approved rate for the regular school year pursuant to Section 8483.7.

8483.3. (a) The State Department of Education shall select applicants to participate in the program established pursuant to this article from among applicants that apply on forms and in a manner prescribed by the department. To the extent possible, the selection of applicants by the State Department of Education shall result in an equitable distribution of grant awards pursuant

to Section 8483.7 to applicants in northern, southern, and central California, and in urban, suburban, and rural areas of California.

(b) The State Department of Education shall consider the following in selecting schools to participate in the program established pursuant to this article, with primary emphasis given to items (1)through (4):

(1) Strength of the educational component.

(2) Quality of the educational enrichment component.

(3) Strength of staff training and development component.

(4) Scope and strength of collaboration, including demonstrated support of the school-site principal and staff.

(5) Inclusion of a nutritional snack.

(6) Employment of CALWORKs recipients.

(7) Level and type of local matching funds.

(8) Capacity to respond to program evaluation requirements.

(9) Demonstrated fiscal accountability.

(c) The State Department of Education shall develop reporting requirements and allocation procedures, including procedures to reimburse startup costs for programs established pursuant to this article.

8483.4. The administrator of every program established pursuant to this article shall establish minimum qualifications for each staff position that, at a minimum, ensure that all staff members who directly supervise pupils meet the minimum qualifications for an instructional aide, pursuant to the policies of the school district. Selection of the after school program site supervisors shall be subject to the approval of the school-site principal. The administrator shall also ensure that the program maintains a pupil-to-staff member ratio of no more than 20 to 1. All program staff and volunteers shall be subject to the health screening and fingerprint clearance requirements in current law and district policy for school personnel and volunteers in the school district.

8483.7. (a) It is the intent of the Legislature that a minimum of eighty-five million dollars ($85,000,000) be appropriated for the program established pursuant to this article, through the annual Budget Act. Of the funds appropriated for the program, 50 percent shall be reserved for programs that operate at elementary schools and 50 percent shall be reserved for programs that operate at middle and junior high schools. If there are not a sufficient number of qualified applicants to use all of the funding in one category, the remaining funds may be used for qualified applicants in the other category.

(b) (1) (A) Every school that establishes a program pursuant to this article is eligible to receive a three year renewable incentive grant, subject to annual reporting and re-certification as required by the State Department of Education, for either of the following, as selected by the school:

(i) Up to five dollars ($5) per day per pupil, if the program serves pupils in elementary, middle, or junior high school.

(ii) Five dollars ($5) per pupil for each three hours of pupil attendance, with a maximum total reimbursement of twenty-five dollars ($25) per pupil per week, if the program serves pupils in middle or junior high school. To receive reimbursement pursuant to this subparagraph, the program administrator shall apply to and receive approval annually from the Superintendent of Public Instruction. Approval by the Superintendent of Public Instruction shall be based on program results.

(B) The maximum total grant amount awarded pursuant to this paragraph shall be seventy-five thousand dollars ($75,000) for each regular school year for each elementary school and one

hundred thousand dollars ($100,000) for each regular school year for each middle or junior high school.

(2) For large schools, the maximum total grant amounts described in paragraph (1) may be increased based on the following formulas, up to a maximum amount of twice the respective limits specified in paragraph (1):

(A) For elementary schools, multiply seventy-five dollars ($75) by the number of pupils enrolled at the school-site for the normal school day program that exceeds 600.

(B) For middle schools, multiply seventy-five dollars ($75) by the number of pupils enrolled at the school-site for the normal school day program that exceeds 900.

(3) A school that establishes a program pursuant to this article is eligible to receive a supplemental grant to operate the program during any combination of summer, intersession, or vacation periods for a maximum of the lesser of the following amounts:

(A) Five dollars ($5) per day per pupil.

(B) Thirty percent of the total grant amount awarded to the school per school year pursuant to this subdivision.

(4) Each program shall provide at least 50 percent cash or in-kind local matching funds from the school district, governmental agencies, community organizations, or the private sector for each dollar received in grant funds. Neither facilities nor space usage may fulfill the match requirement.

(c) The administrator of a program established pursuant to this article may supplement, but not supplant existing funding for after school programs with grant funds awarded pursuant to this article. State categorical funds for remedial education activities shall not be eligible as matching funds for those after school programs.

(d) Up to 15 percent of the initial year's grant amount for each grant recipient may be utilized for startup costs. Under no circumstance shall funding for startup costs result in an increase in the grant recipient's total funding above the approved grant amount.

8483.8. In any fiscal year, if a program participant receives state funds to operate an after school program pursuant to this article that are in an amount in excess of the amount warranted, due to the program serving fewer pupils than planned, to raising an inadequate amount of matching funds, or for any other reason, the State Department of Education shall reduce any subsequent allocations by an amount equal to that overpayment. If the program participant discontinues participation in the program and no allocations are made after the determination that an overpayment has been made, the State Department of Education shall take the following action:

(a) In the case of local education agencies, the State Department of Education shall bill the agencies for the amount of the overpayment. If payment is not received within three months of the billing invoice date, an amount equal to the amount of the overpayment shall be withheld from the next principal apportionment to the agency.

(b) In the case of entities other than local education agencies, the State Department of Education shall bill the entities for the amount of the overpayment, and pursue appropriate legal remedies if not paid.

8483.9. (a) A program participant receiving funding pursuant to this article may expend on indirect costs no more than the lesser of the following:

(1) The school district's indirect cost rate, as approved by the State Department of Education for the appropriate fiscal year.

(2) Five percent of the state program funding received pursuant to this article.

(b) A program participant receiving state funding pursuant to this article may expend no more than 15 percent of that funding on administrative costs. For purposes of this section, administrative costs shall include indirect costs, as described in subdivision (a).

(c) A program participant receiving state funding pursuant to this program shall ensure that no less than 85 percent of that funding is allocated to school-sites for direct services to pupils.

8484. As required by the State Department of Education, after school programs established pursuant to this article shall submit annual outcome based data for evaluation, including measures for academic performance, attendance, and positive behavioral changes. The State Department of Education may consider these outcomes when determining eligibility for grant renewal.

## SECTION HSC104770-104825 DENTAL HEALTH EDUCATION

104770. The Legislature finds that 95 percent of all children in California have dental disease in the form of dental caries and periodontal disease. Dental disease in childhood can and does result in significant lifetime disability, dental pain, missing teeth, time lost from school and work, and the need for dentures. Poor nutrition in childhood is a major contributing factor in lifetime dental disability. The cost of treating the results of dental disease is close to two billion dollars ($2,000,000,000) per year in California, of which approximately one hundred million dollars ($100,000,000) is paid by the State of California for Denti-Cal treatment costs alone.

The Legislature also finds that dental disease in children and the resultant abnormalities in adults can be prevented by education and treatment programs for children. It is the intent of the Legislature in enacting this article to establish for children in preschool through sixth grade, and in classes for individuals with exceptional needs, preventive dental programs which shall be financed and have standards established at the state level and which shall be operated at the local level.

104775. A community dental disease prevention program may be offered to school children in preschool through sixth grade, and in classes for individuals with exceptional needs, by a local sponsor. A local sponsor may be a city or county health department, county office of education, superintendent of schools office, school district or other public or private nonprofit agency approved by the department. The program shall include, but not be limited to, the following:

(a) Educational programs, focused on development of personal practices by pupils, that promote dental health. Emphasis shall include, but not be limited to, causes and prevention of dental diseases, nutrition and dental health, and the need for regular dental examination with appropriate repair of existing defects.

(b) Preventive services including, but not limited to, ongoing plaque control and supervised application of topical prophylactic agents for caries prevention, in accordance with this article or other preventive agents approved by the department. Services shall not include dental restoration, orthodontics, or extraction of teeth. Any acts performed, or services provided, under this article constituting the practice of dentistry shall be performed or provided by, or be subject to the supervision of, a licensed dentist in accordance with Chapter 4 (commencing with Section 1600) of Division 2 of the Business and Professions Code.

104780. An advisory board, including representatives from education, dental professions, and parent groups shall be designated by the local sponsor to advise on dental health programs funded under this article. The use of existing advisory bodies is encouraged. The board shall

hold public meetings at least twice a year after appropriate notification in order that interested parties may provide input regarding the dental health needs of the community.

104785. The minimal standards of the community dental disease prevention program shall be determined by the department in accordance with the purposes of this article, and may be revised periodically as deemed necessary by the department to further the purposes of this article.

104790. The local health officer of each local health department interested in participating in the community dental disease prevention program, or his or her designee, in cooperation with the appropriate education personnel and the local advisory board, shall submit a proposal for the program to the department annually. The proposal shall include the methods by which the program will be implemented in each jurisdiction and program results reported. However, this function shall be the responsibility of the department for all counties that contract with the state for health services under Section 101300. These contract counties, at the option of the board of supervisors, may provide services pursuant to this article in the same manner as other county programs, provided the option is exercised six months prior to the beginning of each fiscal year.

If the local health officer elects not to submit a program proposal, the department may solicit program proposals from other public or private nonprofit agencies and contract directly with the agencies. These proposals shall meet the same requirements as specified for local health officers in this section.

104795. The department shall review the program proposals and approve programs that meet criteria established pursuant to Section 104785. The department shall, through contractual arrangements, reimburse local sponsors with approved programs at an amount of four dollars and fifty cents ($4.50) in fiscal year 1986-87, and each fiscal year thereafter, per participating child per year for administration and services, pursuant to Section 104775.

104800. The local health officer or other sponsor may utilize or contract with, or both utilize and contract with, other local public and private nonprofit agencies, as well as school districts and county superintendents of schools, in conducting the program. The Legislature recognizes that these agencies, districts, and schools are currently engaged in a limited number of dental disease prevention projects and it is the intent of the Legislature that this participation be continued.

104805. The State Department of Education shall assist the department in developing and evaluating educational programs in dental health and dental disease prevention. These programs may include, but are not limited to, teacher and program coordinator in-service workshops, development and review of appropriate educational materials, and evaluation of classroom dental health education presentations.

104810. It shall be the responsibility of the governing board of each school district participating in the program and the governing authority of each private school participating in the program to cooperate with the local sponsor administering the community dental disease prevention program in carrying out the program in any school under their jurisdiction. Each participating school shall maintain participation records for each child and the necessary educational materials and supplies for plaque control and other required dental disease prevention methods provided by the program. Nothing in this article shall require participation by a public or private school in a program established pursuant to this article.

104815. No child shall receive a preventive agent as part of a program established pursuant to this article unless the child's parent or guardian has given written notice to the governing body of the public or private school that the child may receive a preventive agent.

104820. It is the intent of the Legislature that the program established by this article shall, in fiscal years subsequent to the fiscal year in which this section is enacted, be funded according to customary budget procedures.

104825. It is the intent of the Legislature that the program established by this article shall be placed in effect in the areas of greatest identified need as determined by the department, in cooperation with the State Department of Education.

## SECTION EC33041 GUIDELINES ON NUTRITION DURING PREGNANCY

33041. The State Board of Education shall revise the health instruction framework adopted by the board in 1977 to include instructional guidelines on the following:

(a) The relationship of proper health and nutritional practices during pregnancy to the health of the newborn child for pupils that are 12 to 18 years of age.

(b) The recognition that violence is a public health issue and a condition that is learned and may be prevented through education and community-based intervention. In helping to carry out this requirement, the State Department of Education shall consult with existing community resources that have expertise in these matters when developing a curriculum for violence as a public health issue.

## SECTION 32250-332254 SCHOOL SAFETY AND SECURITY RESOURCE UNIT

32250. The Legislature recognizes that crime, including vandalism, and violence have reached an alarming level at school sites throughout California. The Legislature further recognizes that there is a need for dealing with the complex problems of crime and violence at school sites and for developing effective techniques and programs to combat crime and violence at school sites.

32251. There is hereby created in the Department of Education the School Safety and Security Resource Unit.

32252. The primary functions of the School Safety and Security Resource Unit are all the following:

(a) Identification of exemplary programs and techniques which have been effectively utilized by any county superintendent of schools or in any school district to combat crime and violence in the public schools, and dissemination of information relating to such programs and techniques to county superintendents of schools and school districts.

(b) Provision of technical assistance to county superintendents of schools and school districts which are developing and implementing programs to deal with crime and violence at school sites.

(c) Attempt to ascertain the underlying causes of violence and vandalism at school sites, and dissemination of such information to county superintendents of schools and school districts.

32253. The Department of Education shall evaluate the effectiveness of the School Safety and Security Resources Unit and shall submit a report thereof to the Legislature for each fiscal year subsequent to the fiscal year in which funds are made available pursuant to Section 32254.

32254. The Department of Education shall not be subject to the duties, obligations, and responsibilities prescribed by this article unless funds specifically appropriated for the purposes of this article are available.

*SECTION EC35294 SCHOOL SAFETY AND VIOLENCE PREVETION STRATEGY PROGRAM*

35294. It is the intent of the Legislature that all California public schools, in kindergarten, and grades 1 to 12, inclusive, operated by school districts, in cooperation with local law enforcement agencies, community leaders, parents, pupils, teachers, administrators, and other persons who may be interested in the prevention of campus crime and violence, develop a comprehensive school safety plan that addresses the safety concerns identified through a systematic planning process. For the purposes of this section, law enforcement agencies include local police departments, county sheriffs' offices, school district police or security departments, probation departments, and district attorneys' offices. For purposes of this section a "safety plan" means a plan to develop strategies aimed at the prevention of, and education about, potential incidents involving crime and violence on the school campus.

## SECTION EC32239 THE MACHADO SCHOOL VIOLENCE ACT OF 1999

32239. This article shall remain in effect only until January 1, 2000, and shall have no force or effect on and after that date, unless a later enacted statute, which becomes effective on or before January 1, 2000, deletes or extends that date.

## SECTION EC51795-51798 SCHOOL INSTRUCTIONAL GARDENS

51795. The Legislature finds and declares all of the following:

(a) School garden projects provide an interactive, hands-on learning environment to teach composting and waste management techniques and the fundamental nutrition concepts embodied in the Dietary Guidelines for Americans and to foster a better understanding and appreciation of where food comes from, how it gets from the farm to the table, and the important role of agriculture in the state, national, and global economy.

(b) Encouraging and supporting a garden in every school creates opportunities for children to make healthier food choices, participate more successfully in their education experiences, and develop a deeper appreciation of both their community and each other.

(c) Garden programs can equally enhance any subject area including science, environmental education, math, reading, writing, art, physical education, history, and geography. As California continues to strive toward improved pupil performance, the garden project provides a unique method through which it can be achieved.

51796. (a) The Instructional School Gardens Program is hereby established for the promotion, creation, and support of instructional school gardens by eligible educational agencies. The program shall be administered by the State Department of Education through the allocation of grants to applicant eligible education agencies and the provision of technical assistance to

eligible education agencies. The State Department of Education may consult with the Integrated Waste Management Board and any appropriate public institution of higher education regarding curriculum development and regarding the evaluation of any program established pursuant to this article. Any eligible education agency interested in participating in the Instructional School Gardens Program may apply to the State Department of Education for a one-time grant.

(b) For purposes of this article, "eligible educational agency" means any school district or county office of education.

51797. During its annual discretionary grant funding process, the California Integrated Waste Management Board shall give preferential consideration to providing an appropriate level of funding to the program established pursuant to this article.

51798. This article shall be implemented only if funds become available from private donations, special fund money, or federal money, or any combination thereof, for the purposes of this article.

HEALTH FRAMEWORK ADDENDUM

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## 11. SCHOOL HEALTH EDUCATION
## PLANNING AND DEVELOPMENT

School health programs and systems will vary widely from one school district to another and may also differ among individual schools within districts. Perhaps most important, the leadership for school health at every school will depend on individuals who are convinced of the importance of school health to academic achievement and willing to be champions for effective program planning and implementation.

A variety of resources that can be used for school health program planning and development that are widely available throughout California. Use of these resources in conjunction with the Health Framework and Education Code requirements will help schools to establish a unified and coherent school health program.

Overall Program Planning

In addition to the resources identified in other sections of the Framework, a wide variety of locally available resources can be taken into consideration for overall program planning. These include:

- **Community resources:** local health departments, law enforcement agencies, state agencies, services for children and families, libraries, community health information centers, and the county office of education.
- **School district resources:** school board members who are advocates of student health and well-being; nutrition specialists; district staff responsible for curriculum, instruction, and staff development.
- **School site resources:** administrators, teachers, librarians, and school psychologists who are personally involved in and committed to health and well-being; health teachers; physical education teachers; school nurses; representatives of special interest school organizations such as Future Nurses and Friday Night Live.
- **Family resources:** family members working in the health professions; family members who coach local sports teams; families whose children have special health needs.

Curriculum Planning

The first and most valuable resource for program planning is the Health Framework for California Schools (1994). The Framework defines both the broad outlines of a coordinated school health system and the specifics of the health curriculum for kindergarten through grade 12. As an aid to curriculum planning, Section 13 of this Addendum presents an overview by grade level of the Framework's scope and sequence. Other aids to curriculum planning include:

Education Code. The Education Code (EC) contains legislated requirements related to health education. It is recommended that these Education Code requirements be incorporated into the

curriculum planning process. Relevant sections of the Education Code are included in the *Education Code Update* section.

Challenge Standards. The *Challenge Standards for Health Education* (1998) and the *Challenge Standards for Physical Education* (1998), both developed by the California Department of Education, are closely aligned with the Health and Physical Education Frameworks. Each document offers specific examples of what proficient students should know and be able to do in school by the end of each grade. Also included are examples of assignments and/or tasks that might be used to determine whether students are meeting the standard. The Challenge Standards were designed to assist local school districts in developing programs and curricula aligned with the frameworks. These challenge standards can be accessed on the web at www.cde.ca.gov.

State-adopted instructional materials. On a regular basis, usually once every seven years, the State Board of Education approves new or revised curricular materials for health education. All the materials adopted by the State Board in 1995, the most recent adoption year, are available for free loan and review from the Healthy Kids Resource Center. Contact:

California Healthy Kids Resource Center
313 W. Winton Ave., Rm. 180
Hayward, CA 94544-1187
Tel. 510-670-4583
www.californiahealthykids.org

School Library Resources and Support

The public school library continues to evolve into an environment that is active and technology-rich, sustained by the power of information. Information literacy is knowing how to access and use that information and is the foundation of lifelong learning. The school library provides a wealth of resources, both print and online that support the health curriculum. In addition, professional school library media teachers are trained to implement collaborative information literacy instruction. The process of analyzing, applying, evaluating, and interpreting health-related information, products, and services is an important part of information literacy training. Examples of these skills and behaviors that build sequentially are highlighted in *(addendum item 13, pages 83-84)* and include a variety of critical-thinking skills for reading and interpreting information as well as skills to analyze and apply criteria to various ideas. In the process of curriculum planning, the school library can provide a wealth of resources and strategies that will support this training.

(Reference: *Information Power: Building Partnerships for Learning*, American Library Association, 1998)

Health Literacy Assessment

Assessment is an integral component of a health education program's cycle. Chapter 5 of this Framework provides guidelines for the assessment of health literacy. It states, "A wide array of assessment methods and instruments that measure knowledge, behavior and skill development and support critical thinking and a student-centered curriculum should be used to assess health literacy." Under the leadership of national organizations such as the Centers for Disease Control and Prevention (CDC) and the Chief Council of State School Officers (CCSSO) several important health education standards and assessment initiatives have emerged. One such

initiative is the CCSSO State Collaborative on Assessment of Student Standards (SCASS). This collaborative includes health education experts from throughout the country.

The CCSSO-SCASS Health Education Project's *Assessment Framework* can provide invaluable information to help build the foundation to support a quality comprehensive health education program. This document provides the overall infrastructure for the development of all assessment items. It prioritizes skills and concepts for health education **assessment**, not instruction. California's Health Framework closely parallels the National Health Education Standards. These national standards, along with CDC's six priority adolescent risk behaviors (see page six of the framework), provide the driving forces for the development of the *Assessment Framework*. The following table illustrates the relationship between this Framework's recommended health education content areas, the four unifying ideas, student expectations and the priority risk behaviors identified by CDE.

Cost, personnel and time constraints make it impossible to assess all of the content delivered within a given health education curriculum. The *Assessment Framework* organizes assessment items at the elementary, middle school and high school levels for skills and concepts that are most likely to yield health-promoting behaviors among youth. A total of over 1300 items have been developed and tested. The types of items used in the project include: selected response (multiple choice); constructed response (short answer/extended response; performance events and performance tasks.

Implications for Standards-Based Assessment

This Assessment Framework can help direct standards-based educational accountability systems including:

- conducting needs assessments for health instruction
- establishing baseline data regarding student health literacy
- measuring the extent to which the Frameworks grade level expectations have been achieved
- aligning the Health Framework, classroom instruction and assessment methodologies
- facilitating the transition from teaching health knowledge to health skills
- developing an assessment system that reflects improvements in students' health-related knowledge and skills
- evaluating effectiveness of programs

CCSSO has developed a CD Rom. It includes all of the assessment items, the examples, rubrics and skill cards. This and other related resources are available for free loan from the Healthy Kids Resource Center.

Involving Other Human Resources

When planning a health education curriculum, there are many human resources with special health related expertise and interest available in schools and communities.

Interest and opportunities for community involvement for students in health issues can be added through these experts' participation in the learning experience. Some potential health resources include health care providers, public health educators in tobacco, alcohol, and drug prevention; public health nurses, juvenile justice staff, environmental health specialists, mental health counselors, and nutritionists. When guests are invited to participate in the classroom, school policies should be considered and adequate precautions taken to ensure student safety and adherence to curriculum standards and practices.

# RELATIONSHIP OF THE HEALTH EDUCATION CONTENT AREAS AND ADOLESCENT RISK BEHAVIORS TO THE HEALTH FRAMEWORK FOR CALIFORNIA PUBLIC SCHOOLS KINDERGARTEN THROUGH GRADES 12

2853
2854
2855

*HEALTH EDUCATION CONTENT AREAS*

Communicable and Chronic Diseases

Consumer and Community Health

Environmental Health

Family Living

Individual Growth and Development

Injury Prevention and Safety

Alcohol, Tobacco, and Other Drugs

Nutrition

Personal Health

**UNIFYING IDEAS AND GRADE LEVEL EXPECTATIONS**

Unifying Idea: Acceptance of Personal Responsibility for Lifelong Health

1. Students will demonstrate ways in which they can enhance and maintain their health and well-being.
2. Students will demonstrate behaviors that prevent disease and speed recovery from illness.
3. Students will practice behaviors that reduce the risk of becoming involved in potentially dangerous situations and react to potentially dangerous situations in ways that help to protect their health.

Unifying Idea: Respect for and Promotion of the Health of Others

1. Students will play a positive, active role in promoting the health of their families.
2. Students will promote positive health practices within the school and community, including developing positive relationships with peers.

*Unifying Idea: An Understanding of the Process of Growth and Development*

1. Students will understand the variety of physical, mental, emotional, and social changes that occur throughout life.
2. Students will understand and accept individual differences in growth and development.
3. Students will understand their developing sexuality, will choose to abstain from sexual activity, and will treat the sexuality of others with respect.
4. Unifying Idea: Informed Use of Health-related Information, Products, and Services

1. Students will identify information, products, and services that may be helpful or harmful to their health.

*CENTERS FOR DISEASE CONTROL AND PREVENTION ADOLESCENT RISK BEHAVIORS*

Tobacco use

Dietary Patterns Contribute to Disease

Sedentary Lifestyle

Sexual Behaviors that Result in HIV Infection/Other STDs and Unintended Pregnancy

Alcohol and Other Drug Use

Behaviors that Result in Intentional and Unintentional Injury

HEALTH FRAMEWORK ADDENDUM

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## 12. SCOPE AND SEQUENCE FOR HEALTH INSTRUCTION

This section presents a summary and overview of key aspects of Chapter 3 of the Health Framework. Its purpose is to describe the health curriculum across the grade levels in a format that will make the key concepts more accessible to curriculum planners.

**Although designed as a guide for curriculum planning, this section is not intended as a substitute for careful study of the Framework.** Rather, its purpose is to simplify curriculum planning by presenting a sample of grade level emphases and of some of the instructional concepts and expectations of student learning based on Chapter 3. In addition, curriculum planners should take into account the nine content areas of health instruction, all of which are reflected in the expectations of student learning in Chapter 3 and in the summary below:

- Personal health
- Consumer and community health
- Injury prevention and safety
- Alcohol, tobacco, and other drugs
- Nutrition
- Environmental health
- Family living
- Individual growth and development
- Communicable and chronic diseases

Although not identified specifically in the following matrix, the nine content areas are the traditional focus of health education. They are embedded in the skills and behaviors for **all** the grade levels. This section provides an example of how curriculum planners might reorganize the grade level expectations in Chapter 3.

*UNIFYING IDEA: ACCEPTANCE OF PERSONAL RESPONSIBILITY FOR LIFELONG HEALTH*

Note: The following examples of skills and behaviors build sequentially and in ways that are age-appropriate. Skills and behaviors for the later grades include, and build on, skills and behaviors that are developed in the earlier grades. These are selected examples only. The full list of skills and behaviors may be found in Chapter 3.

*** Guidelines in the following Grade-level Emphases Chart that are noted by an asterisk indicate skills that should be prioritized during health instruction.**

| Grade K | Grade 1 | Grade 2 | Grade 3 |
|---|---|---|---|
| **Expectation 1. Students demonstrate ways to enhance and maintain their health and well-being** | | | |
| **The Human Body** | | | |
| Skills and Behavior | Skills and Behavior | Skills and Behavior | Skills and Behavior |
| • Practice good personal hygiene.* | • Practice good personal hygiene.* | • Practice good personal hygiene. | • Practice good personal hygiene. |
| | • Use protective equipment or practice protective behaviors.* | • Use protective equipment or practice protective behaviors.* | • Use protective equipment or practice protective behaviors. |
| **Food Choices** | | | |
| • Make healthy food choices | • Make healthy food choices. | • Make healthy food choices.* | • Make healthy food choices.* |
| • Group foods in many different ways. | • Group foods in many different ways | • Group foods in many different ways. | • Group foods in many different ways.* |
| • Prepare and try a variety of healthy foods.* | • Prepare and try a variety of healthy foods.* | • Prepare and try a variety of healthy foods.* | • Prepare and try a variety of healthy foods.* |
| | | • Analyze influences on food choices. | • Analyze influences on food choices.* |
| | | | • Establish and maintain healthy eating practices.* |

| Physical Activity | | | |
|---|---|---|---|
| • Participate regularly in active play and enjoyable physical activities.***** | • Participate regularly in active play and enjoyable physical activities.***** | • Participate regularly in active play and enjoyable physical activities.***** | • Participate regularly in active play and enjoyable physical activities.***** |
| • Observe safety rules during physical activities.* | • Observe safety rules during physical activities.* | • Observe safety rules during physical activities.* | • Observe safety rules during physical activities.* |
| • Explore out-of-school play activities that promote fitness and health. | • Explore out-of-school play activities that promote fitness and health. | • Explore out-of-school play activities that promote fitness and health. | • Explore out-of-school play activities that promote fitness and health. |
| **Mental & Emotional Health** | | | |
| • Identify and share feelings in appropriate ways.***** | • Identify and share feelings in appropriate ways.***** | • Identify and share feelings in appropriate ways.***** | • Identify and share feelings in appropriate ways.***** |
| • Avoid self-destructive behaviors and practice self-control.***** | • Avoid self-destructive behaviors and practice self-control.* | • Avoid self-destructive behaviors and practice self-control. | • Avoid self-destructive behaviors and practice self-control. |
| • Develop and use effective coping strategies. | • Develop and use effective coping strategies. | • Develop and use effective coping strategies.***** | • Develop and use effective coping strategies.***** |
| • Demonstrate personal characteristics that contribute to self-confidence and self-esteem. | • Demonstrate personal characteristics that contribute to self-confidence and self-esteem.***** | • Demonstrate personal characteristics that contribute to self-confidence and self-esteem. | • Demonstrate personal characteristics that contribute to self-confidence and self-esteem. |
| • Develop protective factors that help foster resiliency. | • Develop protective factors that help foster resiliency. | • Develop protective factors that help foster resiliency. | • Develop protective factors help that foster resiliency. |
| • Develop and use effective communication skills. | • Develop and use effective communication skills. | • Develop and use effective communication skills.***** | • Develop and use effective communication skills. |

| **Expectation 2: Students understand and demonstrate behaviors that prevent disease and speed recovery from illness.** | | | |
|---|---|---|---|
| | | | |
| **Disease Prevention** | | | |
| • Practice positive health behaviors to reduce the risk of disease. | • Practice positive health behaviors to reduce the risk of disease. | • Practice positive health behaviors to reduce the risk of disease. | • Practice positive health behaviors to reduce the risk of disease.* |
| • Prepare food as a way of learning about sanitary food preparation and storage. | • Prepare food as a way of learning about sanitary food preparation and storage. | • Prepare food as a way of learning about sanitary food preparation and storage. | • Prepare food as a way of learning about sanitary food preparation and storage.* |
| • Cooperate in regular health screenings. | • Cooperate in regular health screenings. | • Cooperate in regular health screenings. | • Cooperate in regular health screenings. |
| **Treatment of Disease** | | | |
| • Take medicines properly under the direction of parents or health-care providers.* | • Take medicines properly under the direction of parents or health-care providers. | • Take medicines properly under the direction of parents or health-care providers. | • Take medicines properly under the direction of parents or health-care providers |
| • Recognize symptoms of common illnesses.* | • Recognize symptoms of common illnesses.* | • Recognize symptoms of common illnesses.* | • Recognize symptoms of common illnesses.* |
| | | | • Cooperate with parents and health-care providers in the treatment or management of disease. |

| **Expectation 3: Students will practice behaviors that reduce the risks of becoming involved in potentially dangerous situations and react to potentially dangerous situations in ways that help to protect their health.** | | | |
|---|---|---|---|
| | | | |
| **Potentially Dangerous Situations** | | | |
| • Practice safe behavior in or near motorized vehicles.***** | • Practice safe behavior in or near motorized vehicles. | • Practice safe behavior in or near motorized vehicles.***** | • Practice safe behavior in or near motorized vehicles. |
| • Practice safe behavior in or near water. ***** | • Practice safe behavior in or near water. ***** | • Practice safe behavior in or near water. | • Practice safe behavior in or near water. |
| • Interact safely with strangers.***** | • Interact safely with strangers.***** | • Interact safely with strangers* | • Interact safely with strangers* |
| • Develop and use skills to avoid, resolve, and cope with conflicts. | • Develop and use skills to avoid, resolve, and cope with conflicts. | • Develop and use skills to avoid, resolve, and cope with conflicts. | • Develop and use skills to avoid, resolve, and cope with conflicts.***** |
| • Report or obtain assistance when faced with unsafe situations. | • Report or obtain assistance when faced with unsafe situations.***** | • Report or obtain assistance when faced with unsafe situations | • Report or obtain assistance when faced with unsafe situations. |
| • Practice behaviors that help prevent poisonings.* | • Practice behaviors that help prevent poisonings.***** | • Practice behaviors that help prevent poisonings. | • Practice behaviors that help prevent poisonings. |
| | • Practice safe behavior in recreational activities. | • Practice safe behavior in recreational activities. | • Practice safe behavior in recreational activities. |
| | | | • Develop and use skills to identify, avoid, and cope with potentially dangerous situations.***** |

| Alcohol, Tobacco, and Drugs | | | |
|---|---|---|---|
| • Distinguish between helpful and harmful substances. | • Distinguish between helpful and harmful substances.***** | • Distinguish between helpful and harmful substances. | • Distinguish between helpful and harmful substances.***** |
| | | | • Identify ways to cope with or seek assistance when confronted with situations involving alcohol, tobacco, and other drugs. |
| | | • Develop and use interpersonal and communication skills.***** | • Develop and use interpersonal and communication skills.***** |
| | | | • Exercise self-control.* |

| | | | |
|---|---|---|---|
| **Child Abuse, Including Sexual Exploitation** | | | |
| | | | • Identify ways to seek assistance if worried, abused, or threatened. |
| • Develop and use communication skills to tell others when touching is unwanted.* | • Develop and use communication skills to tell others when touching is unwanted.* | • Develop and use communication skills to tell others when touching is unwanted.* | • Develop and use communication skills to tell others when touching is unwanted. |
| **Emergencies** | | | |
| • Recognize emergencies and respond appropriately.* | • Recognize emergencies and respond appropriately.* | • Recognize emergencies and respond appropriately. | • Recognize emergencies and respond appropriately. |
| • Practice appropriate behaviors during fire drills, earthquake drills, and other disaster drills.* | • Practice appropriate behaviors during fire drills, earthquake drills, and other disaster drills. | • Practice appropriate behaviors during fire drills, earthquake drills, and other disaster drills. | • Practice appropriate behaviors during fire drills, earthquake drills, and other disaster drills. |
| **Expectation 4: Students understand and demonstrate how to play a positive, active role in promoting the health of his/her family.** | | | |
| **Roles of Family Members** | | | |
| • Develop and use effective communication skills.* | • Develop and use effective communication skills.* | • Develop and use effective communication skills.* | • Develop and use effective communication skills.* |
| | | | • Demonstrate ways to help support positive family interactions, such as listening to and following directions and showing care and concern toward other family members. |
| | | | • Support and value all family members. |

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| **Change and the Family** | | | |
| • Identify feelings related to changes within the family. | • Identify feelings related to changes within the family. | • Identify feelings related to changes within the family.* | • Use effective strategies to cope with change in the family.* |
| **Expectation 5: Students understand and demonstrate how to promote positive health practices within the school and community, including how to cultivate positive relationships with peers.** | | | |
| **Friendship and Peer Relationships** | | | |
| • Know and use appropriate ways to make new friends.* | • Know and use appropriate ways to make new friends.* | • Know and use appropriate ways to make new friends.* | • Know and use appropriate ways to make new friends.* |
| • Demonstrate acceptable actions toward others.* | • Demonstrate acceptable actions toward others.* | • Demonstrate acceptable actions toward others.* | • Demonstrate acceptable actions toward others.* |
| • Demonstrate positive ways to show or express feelings.* | • Demonstrate positive ways to show or express feelings.* | • Demonstrate positive ways to show or express feelings.* | • Demonstrate positive ways to show or express feelings.* |
| • Resolve conflicts in a positive, constructive way.* | • Resolve conflicts in a positive, constructive way.* | • Resolve conflicts in a positive, constructive way.* | • Resolve conflicts in a positive, constructive way.* |
| • Demonstrate acceptable methods of gaining attention.* | • Demonstrate acceptable methods of gaining attention.* | • Demonstrate acceptable methods of gaining attention.* ` | • Demonstrate acceptable methods of gaining attention.* |
| **School and Community Based Efforts to Promote and Protect Health** | | | |
| • Understand and follow school rules related to health.* | • Understand and follow school rules related to health.* | • Understand and follow school rules related to health.* | • Understand and follow school rules related to health.* |
| • Participate in school efforts to promote health. | • Participate in school efforts to promote health. | • Participate in school efforts to promote health. | • Participate in school efforts to promote health. |
| • Assume responsibility for helping to take care of the school. | • Assume responsibility for helping to take care of the school. | • Assume responsibility for helping to take care of the school. | • Assume responsibility for helping to take care of the school. |

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| **Expectation 6: Students understand the variety of physical, mental, emotional, and social changes that occur throughout life.** | | | |
| | | | |
| **Life Cycle** | | | |
| • Describe the cycle of growth and development in humans and other animal species. | • Describe the cycle of growth and development in humans and other animal species.* | • Describe the cycle of growth and development in humans and other animal species.* | • Demonstrate an understanding of the aging process, e.g., why older adults may have needs different from those of children. |
| **Expectation 7: Students understand and accept individual differences in growth and development.** | | | |
| | | | |
| **Growth and Development** | | | |
| • Demonstrate an understanding of individual differences. | • Demonstrate an understanding of individual differences. | • Demonstrate an understanding of individual differences. | • Demonstrate an understanding of individual differences.* |
| • Adapt group activities to include a variety of individuals.* | • Adapt group activities to include a variety of individuals.* | • Adapt group activities to include a variety of individuals.* | • Adapt group activities to include a variety of individuals.* |

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| **Expectation 8: Students identify information, products, and services that may be helpful or harmful to their health.** | | | |
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| | | | |
| **Products and Services** | | | |
| • Identify health care workers. * | • Identify health care workers. * | | |
| | • Identify a variety of consumer influences and analyze how those influences affect decisions. | • Identify a variety of consumer influences and analyze how those influences affect decisions.* | • Identify a variety of consumer influences and analyze how those influences affect decisions.* |
| | | | • Identify places for obtaining health and social services and learn what types of services are provided. |

| Products and Services/Food Choices | | | |
|---|---|---|---|
| | | | • Read and interpret information available on food labels. |
| | | | • Use labels to compare the contents of food products. |
| | | | • Identify ads and recognize strategies used to influence decisions. |
| | | | • Practice various positive responses to those influences. |

| Grade 4 | Grade 5 | Grade 6 |
|---|---|---|
| **Expectation 1. Students demonstrate ways to enhance and maintain their health and well-being** | | |
| **The Human Body** | | |
| **Skills and Behavior** | **Skills and Behavior** | **Skills and Behavior** |
| • Practice good personal hygiene, with particular attention to the changing needs of preadolescents and adolescents | • Practice good personal hygiene, with particular attention to the changing needs of preadolescents and adolescents***** | • Practice good personal hygiene, with particular attention to the changing needs of preadolescents and adolescents***** |
| • Use protective equipment or practice protective behaviors | • Use protective equipment or practice protective behaviors | • Use protective equipment or practice protective behaviors |
| **Food Choices** | | |
| • Establish and maintain healthy eating practices***** | • Establish and maintain healthy eating practices***** | • Establish and maintain healthy eating practices***** |
| • Make healthy food choices | • Make healthy food choices | • Make healthy food choices |
| | • Prepare a variety of healthy foods | |
| | | • Analyze influences on food choices |
| • Practice kitchen safety | • Practice kitchen safety | • Practice kitchen safety |
| **Physical Activity** | | |
| • Participate regularly in a variety of enjoyable physical activities***** | • Participate regularly in a variety of enjoyable physical activities***** | • Participate regularly in a variety of enjoyable physical activities***** |
| • Set personal fitness goals | • Set personal fitness goals***** | • Set personal fitness goals***** |
| • Explore out-of-school play activities that promote fitness and health | • Explore out-of-school play activities that promote fitness and health***** | • Explore out-of-school play activities that promote fitness and health***** |
| • Obtain a sufficient amount of sleep | • Obtain a sufficient amount of sleep | • Obtain a sufficient amount of sleep* |
| | | • Observe safety rules during physical activities |

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| Mental & Emotional Health | | |
|---|---|---|
| • Demonstrate personal characteristics that contribute to self-confidence and self-esteem* | • Demonstrate personal characteristics that contribute to self-confidence and self-esteem | • Demonstrate personal characteristics that contribute to self-confidence and self-esteem |
| • Develop and use effective communication skills | • Develop and use effective communication skills* | • Develop and use effective communication skills* |
| | • Develop and use effective coping strategies* | • Develop and use effective coping strategies* |
| • Identify and share feelings in appropriate ways* | • Identify and share feelings in appropriate ways | • Identify and share feelings in appropriate ways |
| | | • Develop protective factors that help foster resiliency |
| | | • Avoid self-destructive behaviors and practice strategies for resisting negative peer pressure |
| **Expectation 2: Students understand and demonstrate behaviors that prevent disease and speed recovery from illness.** | | |
| | | |
| **Disease Prevention** | | |
| • Practice positive health behaviors to reduce the risk of disease | • Practice positive health behaviors to reduce the risk of disease | • Practice positive health behaviors to reduce the risk of disease* |
| • Practice good personal hygiene | • Practice good personal hygiene | • Practice good personal hygiene |
| | | • Cooperate in regular health screenings |
| | | • Demonstrate care and concern toward ill persons in the family, the school, and the community |

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| **Treatment of Disease** | | |
| • Recognize symptoms of common illnesses***** | • Recognize symptoms of common illnesses | • Recognize symptoms of common illnesses |
| | | • Take prescription and over-the-counter medicines properly |
| • Cooperate with parents and healthy-care providers in the treatment or management of disease | • Cooperate with parents and healthy-care providers in the treatment or management of disease | • Cooperate with parents and healthy-care providers in the treatment or management of disease |
| | | • Interpret correctly instructions for taking medicine |
| **Expectation 3: Students practice behaviors that reduce the risks of becoming involved in potentially dangerous situations and react to potentially dangerous situations in ways that help to protect their health.** | | |
| | | |
| **Potentially Dangerous Situations** | | |
| • Develop and use skills to avoid, resolve, and cope with conflicts***** | • Develop and use skills to avoid, resolve, and cope with conflicts***** | • Develop and use skills to avoid, resolve, and cope with conflicts***** |
| • Develop and use skills to identify, avoid, and cope with potentially dangerous situations | • Develop and use skills to identify, avoid, and cope with potentially dangerous situations***** | • Develop and use skills to identify, avoid, and cope with potentially dangerous situations***** |
| | • Understand and follow rules prohibiting possession of weapons at school***** | • Understand and follow rules prohibiting possession of weapons at school***** |
| | | • Practice safe behavior in or near motorized vehicles |
| | | • Practice safe behavior in recreational activities |
| | | • Practice safe behavior in and near water |
| | | • Report or obtain assistance when faced with unsafe situations |

| Alcohol, Tobacco, and Drugs | | |
|---|---|---|
| • Distinguish between helpful and harmful substances***** | • Distinguish between helpful and harmful substances | • Distinguish between helpful and harmful substances |
| | • Avoid, recognize, and respond to negative social influences and pressures to use alcohol, tobacco, or other drugs***** | • Avoid, recognize, and respond to negative social influences and pressures to use alcohol, tobacco, or other drugs***** |
| | | • Exercise self-control |
| | | • Develop and use interpersonal and communication skills |
| • Identify ways to cope with or seek assistance when confronted with situations involving alcohol, tobacco, and other drugs | • Identify ways to cope with or seek assistance when confronted with situations involving alcohol, tobacco, and other drugs* | • Identify ways to cope with or seek assistance when confronted with situations involving alcohol, tobacco, and other drugs |
| • Identify ways of obtaining help to resist pressure to use alcohol, tobacco, or other drugs* | • Identify ways of obtaining help to resist pressure to use alcohol, tobacco, or other drugs | • Identify ways of obtaining help to resist pressure to use alcohol, tobacco, or other drugs |
| | | • Differentiate between the use and misuse of prescription and nonprescription drugs |
| | | • Use positive peer pressure to help counteract the negative effects of living in an environment where alcohol, tobacco, or other drug abuse or dependency exists |
| **Child Abuse, Including Sexual Exploitation** | | |
| • Identify ways to seek assistance if worried, abused, or threatened | • Identify ways to seek assistance if worried, abused, or threatened | • Identify ways to seek assistance if worried, abused, or threatened |
| | | • Recognize and avoid situations that can increase risk of abuse |

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|---|---|---|
| **Emergencies** | | |
| • Recognize emergencies and respond appropriately, including (1) knowing where to find emergency supplies | • Recognize emergencies and respond appropriately, including (1) knowing where to find emergency supplies | • Recognize emergencies and respond appropriately, including (1) knowing where to find emergency supplies; (2) demonstrating proficiency in basic first-aid procedures; (3) using precautions when dealing with other people's blood***** |
| • Understand the family emergency plan***** | • Understand the family emergency plan | • Understand the family emergency plan |
| **Expectation 4: Students understand and demonstrate how to play a positive, active role in promoting the health of his/her family.** | | |
| **Roles of Family Members** | | |
| • Demonstrate ways to help support positive family interactions | • Demonstrate ways to help support positive family interactions | • Demonstrate ways to help support positive family interactions |
| • Practice health-promoting behaviors with the family | • Practice health-promoting behaviors with the family | • Practice health-promoting behaviors with the family |
| | | • Participate in daily activities that help maintain the family |
| | | • Support and value all family members |
| | | • Develop and use effective communication skills |
| **Change and the Family** | | |
| | | • Identify and effectively express feelings related to changes with the family |
| | | • Use effective strategies to cope with changes in the family, including identifying a support system |

| **Expectation 5: Students understand and demonstrate how to promote positive health practices within the school and community, including how to cultivate positive relationships with peers.** | | |
|---|---|---|
| | | |
| **Friendship and Peer Relationships** | | |
| • Know and use appropriate ways to make new friends | • Know and use appropriate ways to make new friends | • Know and use appropriate ways to make new friends |
| • Resolve conflicts in a positive, constructive way***** | • Resolve conflicts in a positive, constructive way***** | • Resolve conflicts in a positive, constructive way |
| • Demonstrate positive actions toward others | • Demonstrate positive actions toward others***** | • Demonstrate positive actions toward others |
| | • Demonstrate acceptable methods of gaining attention***** | • Demonstrate acceptable methods of gaining attention |
| | • Demonstrate acceptable ways to show or express feelings | • Demonstrate acceptable ways to show or express feelings |
| | • Demonstrate how to resist negative peer pressure* | • Demonstrate how to resist negative peer pressure* |
| **School and Community Based Efforts to Promote and Protect Health** | | |
| • Participate in school efforts to promote health | • Participate in school efforts to promote health | • Participate in school efforts to promote health***** |
| • Participate in community efforts to address local health and environmental issues | • Participate in community efforts to address local health and environmental issues | • Participate in community efforts to address local health and environmental issues***** |
| • Understand and follow school rules related to health | • Understand and follow school rules related to health | • Understand and follow school rules related to health***** |
| | | • Assume responsibility for helping to take care of the school |
| | | • Contribute to the strengthening of health-related policies at school |
| | | • Recognize that public policies and laws influence health-related issues |

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| **Expectation 6: Students understand the variety of physical, mental, emotional, and social changes that occur throughout life.** | | |
| **Life Cycle** | | |
| • Recognize the changes that occur during preadolescence | • Recognize the changes that occur during preadolescence***** | • Recognize the changes that occur during preadolescence |
| | • Use correct terminology for body parts***** | • Use correct terminology for body parts* |
| | • Recognize changing emotions | • Recognize changing emotions |
| | | • Develop and use effective communication skills to discuss with parents or other trusted adults the changes that occur during preadolescence***** |
| • Practice good personal hygiene | • Practice good personal hygiene***** | • Practice good personal hygiene***** |
| • Manage feelings appropriately | • Manage feelings appropriately | • Manage feelings appropriately |
| **Expectation 7: Students understand and accept individual differences in growth and development.** | | |
| | | |
| **Growth and Development** | | |
| • Demonstrate an understanding of individual differences***** | | • Demonstrate an understanding of individual differences***** |
| | • Develop a realistic body image | • Develop a realistic body image***** |
| | | • Recognize problems associated with not having a realistic body image |
| • Adapt group activities to include a variety of individuals | • Adapt group activities to include a variety of individuals | • Adapt group activities to include a variety of individuals |

| Mental and Emotional Development | | |
|---|---|---|
| • Identify, express, and manage feelings appropriately | • Identify, express, and manage feelings appropriately | • Identify, express, and manage feelings appropriately |
| • Develop and use effective communication skills | • Develop and use effective communication skills | • Develop and use effective communication skills |
| • Develop and use strategies including critical thinking, decision making, goal setting, and problem solving | • Develop and use strategies, including critical thinking, decision making, goal setting, and problem solving | • Develop and use strategies, including critical thinking, decision making, goal setting, and problem solving |
| | | • Recognize one's own strengths and limitations |
| | | • Focus on the future e.g. realistic short and long-term goals |

**Expectation 8: Students identify information, products, and services that may be helpful or harmful to their health.**

| Products and Services | | |
|---|---|---|
| • Use critical-thinking skills to analyze marketing and advertising techniques and their influence | • Use critical-thinking skills to analyze marketing and advertising techniques and their influence***** | • Use critical-thinking skills to analyze marketing and advertising techniques and their influence***** • |
| • Recognize helpful products and services | • Recognize helpful products and services | • Recognize helpful products and services |
| | • Identify a variety of consumer influences and analyze how those influences affect decisions | • Identify a variety of consumer influences and analyze how those influences affect decisions |
| | | • Identify places for obtaining health and social services and learn what types of services are provided |
| • Identify health-care workers | | |
| • Seek care from the school nurse or others, such as when needed for proper management of asthma | • Seek care from the school nurse or others, such as when needed for proper management of asthma | • Seek care from the school nurse or others, such as when needed for proper management of asthma |
| | | • Discuss home care with parents when appropriate |

| Food Choices | | |
|---|---|---|
| • Develop basic food-preparation skills* | • Develop basic food-preparation skills* | • Develop basic food-preparation skills* |
| • Read and interpret information available on food label | • Read and interpret information available on food labels | • Read and interpret information available on food labels |
| • Use valid nutrition information to make healthy food choices | • Use valid nutrition information to make healthy food choices | • Use valid nutrition information to make healthy food choices |
| | • Use critical-thinking skills to analyze marketing and advertising techniques and their influence on food selection | • Use critical-thinking skills to analyze marketing and advertising techniques and their influence on food selection |
| | • Use unit pricing to determine the most economical purchases | • Use unit pricing to determine the most economical purchases |
| | | • Use labels to compare the contents of food products |
| | | • Purchase nutritious foods in a variety of settings |
| | | • Analyze and taste foods from different ethnic and cultural groups |

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# Middle School Grades

## Expectation 1. Students demonstrate ways to enhance and maintain their health and well-being

### The Human Body

#### Skills and Behavior

- Practice good personal hygiene, including accepting responsibility for making those behaviors part of a normal routine*****
- Recognize and accept differences in body types and maturation levels*****
- Recognize and avoid potentially harmful environmental conditions, such as exposure to pesticides or lead paint
- Use protective equipment, such as goggles to protect the eyes when appropriate, or practice behaviors to protect the body, such as applying sunscreen, exercising, or making healthy food choices

### Food Choices

- Make healthy food choices in a variety of settings*****
- Compare caloric values of foods according to the percentage of fat, protein, and carbohydrate they contain*****
- Establish and maintain healthy eating practices*****
- Select appropriate practices to maintain, lose, or gain weight according to individual needs and scientific research
- Prepare a variety of healthy foods
- Analyze influences on food choices

### Physical Activity

- Observe safety rules during physical activities*****
- Develop and initiate a personal fitness plan*****
- Obtain a sufficient amount of sleep
- Explore ways to engage in out-of-school activities that promote fitness and health
- Participate regularly in a variety of enjoyable physical activities

## Mental & Emotional Health

- Demonstrate characteristics that contribute to self-confidence and self-esteem
- Develop and use effective communication skills
- Manage strong feelings and boredom
- Develop protective factors that help foster resiliency
- Develop and use effective coping strategies, emphasizing coping with feelings of inadequacy, sadness
- Develop protective factors that help foster resiliency Avoid self-destructive behaviors. Practice strategies for resisting negative peer pressure
- Identify risk factors for negative behaviors and developing effective strategies for counteracting these risk factors
- Select entertainment that promotes mental and physical health

**Expectation 2: Students understand and demonstrate behaviors that prevent disease and speed recovery from illness.**

## Disease Prevention

- Practice good personal hygiene*****
- Practice positive health behaviors to reduce the risk of disease*****
- Cooperate in regular health screenings*****
- Practice and use effective self-examination procedures
- Demonstrate care and concern toward ill persons in the family, the school, and the community
- Make a commitment to abstain from sexual activity
- Pupils shall be provided with statistics based on the latest medical information citing the failure and success rates of condoms in preventing AIDS and other sexually transmitted diseases.

## Treatment of Disease

- Recognize symptoms of common illnesses
- Take prescription and over-the-counter medicines properly
- Interpret correctly instructions written on medicine container labels, including information about side effects
- Determine when treatment of illness at home is appropriate and when and how to seek further help when needed
- Accept responsibility for active involvement in the treatment or management of disease

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**Expectation 3: Students practice behaviors that reduce the risks of becoming involved in potentially dangerous situations and react to potentially dangerous situations in ways that help to protect their health.**

## Potentially Dangerous Situations

- Develop and use skills to identify, avoid, and cope with potentially dangerous situations*****
- Use skills to avoid, resolve, and cope with conflicts*****
- Understand and follow rules prohibiting possession of weapons at school*****
- Identify risk factors that reduce risks of accidents*****
- Practice safe behavior in or near motorized vehicles
- Practice safe behavior in recreational activities, even in the absence of adults
- Practice safe behavior in and near water
- Report or obtain assistance when faced with unsafe situations
- Identify environmental factors that affect health and safety
- Demonstrate how peers can help each other avoid and cope with potentially dangerous situations in healthy ways
- Use thinking and decision-making skills in high-risk situations involving the use of motor vehicles and other hazardous activities
- Recognize that the use of alcohol and other drugs plays a role in many dangerous situations*

## Alcohol, Tobacco, and Drugs

- Develop and use interpersonal and communication skills such as assertiveness, refusal, negotiation, and conflict resolution*****
- Differentiate between the use and misuse of prescription and nonprescription drugs*****
- Avoid, recognize, and respond to negative social influences and pressure to use alcohol, tobacco, or other drugs*****
- Identify ways of obtaining help to resist pressure to use alcohol, tobacco, or other drugs*****
- Identify and participate in positive alternative activities, such as alcohol-, tobacco-, and drug-free events*****
- Exercise self-control
- Distinguish between helpful and harmful substances
- Use positive peer pressure to help counteract the negative effects of living in an environment where alcohol, tobacco, or other drug abuse or dependency exists

## Child Abuse, Including Sexual Exploitation (PC 11166)

- Recognize and avoid situations that can increase risk of abuse*****
- Identify ways to seek assistance if worried, abused, or threatened
- Avoid, recognize, and respond to negative social influences and pressure to become sexually active, including applying refusal skills when appropriate

## Emergencies

- Recognize emergencies and respond appropriately, including demonstrating proficiency in basic first-aid procedures*****
- Develop and maintain with other family members a personal and family emergency plan, including maintaining supplies for emergencies

**Expectation 4: Students understand and demonstrate how to play a positive, active role in promoting the health of his/her family.**

## Roles of Family Members

- Demonstrate ways to help support positive family interactions*****
- Develop and use effective communication skills, including talking openly and honestly with parents when problems arise and discussing with parents questions about sexuality*****
- Practice health-promoting behaviors within the family*****
- Support and value all family members
- Complete self-initiated activities beyond assigned chores to help support the family
- Identify safety hazards in the home and help to remove them

## Change in the Family

- Use effective strategies to cope with change in the family, such as seeking assistance from a parent, a trusted adult, a support system, or counseling when needed*****

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**Expectation 5: Students understand and demonstrate how to promote positive health practices within the school and community, including how to cultivate positive relationships with peers.**

### Friendship and Peer Relationships

- Know and use appropriate ways to make new friends*****
- Demonstrate positive actions toward others*****
- Resolve conflicts in a positive, constructive way*****
- Demonstrate how to resist negative peer pressure*****
- Avoid demeaning statements directed toward others*****
- Interact effectively with many different people*****
- Promote positive health behaviors among peers*****
- Demonstrate acceptable methods of gaining attention
- Demonstrate acceptable ways to show or express feelings
- Help peers know when they should seek help from a parent or other trusted adult*

### School and Community Based Efforts to Promote and Protect Health

- Understand and follow school rules related to health*****
- Participate in school efforts to promote health*****
- Assume responsibility for helping to take care of the school*****
- Participate in community efforts to address local health and environmental issues
- Encourage others to be come involved in health-promotion efforts at school
- Analyze the impact of laws, policies, and practices on health-related issues
- Encourage others to become involved in health-promotion efforts at many different levels
- Access appropriately services available within the community
- Contributing to the strengthening of health-related policies at school

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**Expectation 6: Students understand the variety of physical, mental, emotional, and social changes that occur throughout life.**

## Life Cycle

- Practice good personal hygiene, paying particular attention to the changing needs of adolescents*****
- Manage feelings appropriately*****
- Develop and use effective communication skills to discuss with parents or other trusted adults the changes that occur during adolescence*****
- Recognize fluctuations in emotions
- Practice behaviors that will provide the option of healthy parenting later in life, such as avoidance of substance abuse

**Expectation 7: Students understand and accept individual differences in growth and development.**

## Growth and Development

- Demonstrate an understanding of individual differences*****
- Develop a realistic body image*****
- Recognize problems associated with not having a realistic body image
- Recognize the effects of performance-altering substances and avoid the use of those substances*****
- Adapt group activities to include a variety of individuals

## Mental and Emotional Development

- Identify, express, and manage feelings appropriately*****
- Develop and use effective communication skills*****
- Use coping strategies, including time-management skills*****
- Recognize one's own strengths and limitations
- Develop a focus on the future

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**Expectation 8: Students understand their developing sexuality, choose to abstain from sexual activity, and treat the sexuality of others with respect.*** 

## Sexuality

- Develop and use effective communication skills, including the ability to discuss with parents questions on sexuality*****
- Identify appropriate ways to show affection*****
- Recognize and avoid situations that place one at risk of participating in sexual activity *****
- Practice behaviors that support the decision to abstain from sexual activity*****
- Demonstrate assertive and refusal skills and apply those skills to situations involving pressure to be sexually active*****
- Avoid, recognize, and respond to negative social influences and pressure to become sexually active
- Identify ways to seek assistance if abused
- Statistics based on the latest medical information shall be provided to pupils citing the failure and success rates of condoms and other contraceptives in preventing pregnancy.

**Expectation 9: Students identify information, products, and services that may be helpful or harmful to their health.**

## Products and Services

- Identify a variety of consumer influences and analyze how those influences affect decisions*****
- Use critical-thinking skills to analyze marketing and advertising techniques and their influence*****
- Identify appropriate sources of health services for a variety of illnesses*****
- Develop and apply criteria for the selection or rejection of health products, services, and information*****
- Recognize helpful products and services
- Seek care from the school nurse or school-linked services when appropriate

## Products and Services/Food Choices

- Use critical-thinking skills to analyze marketing and advertising techniques and their influence on food selection*****
- Use labels to compare the contents of food products
- Use valid nutrition information to make healthy food choices
- Use unit pricing to determine the most economical purchases
- Develop basic food-preparation skills, including sanitary food preparation and storage
- Use effective consumer skills to purchase healthy foods within budget constraints
- Use critical-thinking skills to distinguish facts from fallacies concerning the nutritional value of foods
- Adapt recipes to make them more healthy by lowering fat, salt, or sugar and increasing fiber
- Use critical-thinking skills to analyze weight modification practices and select appropriate practices to maintain, lose, or gain weight

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# High School

**Expectation 1. Students demonstrate ways to enhance and maintain their health and well-being**

## The Human Body

### Skills and Behavior

- Practice good personal hygiene
- Use protective equipment, such as a helmet when cycling, or practicing behaviors to protect the body, such as avoiding exposure to excessive noises
- Recognize and accept differences in body types and maturation levels
- Respond appropriately to the physical development of older adolescents in ways that promote physical health through such preventive measures as healthy food choices and exercise

## Food Choices

- Make healthy food choices in a variety of settings*****
- Establish and maintain healthy eating practices*****
- Selecting appropriate practices to maintain, lose, or gain weight based on scientific research
- Recognize the need for updating one's personal nutrition plan as individual needs or activities change*****
- Analyze influences on food choices

## Physical Activity

- Observe safety rules during physical activities
- Participate regularly in a variety of enjoyable physical activities*****
- Analyze personal motivators related to pursuing physical activity*****
- Explore ways to continue regular exercise practices when schedules change, such as during travel or while working*****
- Explore ways to engage in out-of-school activities that promote fitness and health
- Follow through with a personal fitness plan based on fitness goals and the results of periodic self-assessment
- Make adjustments needed for successful implementation of a personal fitness plan

## Mental & Emotional Health

- Demonstrate characteristics that contribute to self-confidence and self-esteem*****
- Develop and use effective communication skills*****
- Develop and use effective coping strategies*****
- Avoid self-destructive behaviors and practice strategies for resisting negative peer pressure*****
- Relate in positive ways to peers and adults in and out of school*****
- Identify risk factors for negative behaviors and developing effective strategies for counteracting these risk factors*****
- Develop protective factors that help foster resiliency
- Select entertainment that promotes mental and physical health
- Identify personal habits influencing mental and emotional health and develop strategies for changing behaviors as needed to promote positive mental and emotional health

**Expectation 2: Students understand and demonstrate behaviors that prevent disease and speed recovery from illness.**

## Disease Prevention

- Practice positive health behaviors to reduce the risk of disease*****
- Cooperate in regular health screenings*****
- Practice and use effective self-examination procedures*****
- Analyze personal behaviors in relation to health, well-being, and personal goals*****
- Practice good personal hygiene
- Recognize the importance of prenatal and perinatal care
- Demonstrate care and concern toward ill persons in the family, the school, and the community
- Make a commitment to abstain from sexual activity
- Pupils shall be provided with statistics based on the latest medical information citing the failure and success rates of condoms in preventing AIDS and other sexually transmitted diseases.

## Treatment of Disease

- Recognize symptoms of common illnesses*****
- Take prescription and over-the-counter medicines properly
- Interpret correctly instructions written on medicine container labels, including information about side effects
- Determine when treatment of illness at home is appropriate and when and how to seek further help when needed
- Accept responsibility for active involvement in the treatment or management of disease
- Interpret information provided by health-care providers regarding tests or procedures
- Analyze one's patterns related to treatment of disease to determine their effectiveness

**Expectation 3: Students practice behaviors that reduce the risks of becoming involved in potentially dangerous situations and react to potentially dangerous situations in ways that help to protect their health.**

## Potentially Dangerous Situations

- Develop and use skills to identify, avoid, and cope with potentially dangerous situations*****
- Use skills to avoid, resolve, and cope with conflicts*****
- Understand and follow rules prohibiting possession of weapons at school*****
- Identify risk factors that reduce risks of accidents*****
- Recognize that the use of alcohol, tobacco, and other drugs plays a role in many dangerous situations*****
- Use thinking and decision-making skills in high-risk situations involving motor vehicles and other safety hazards*****
- Practice safe behavior in or near motorized vehicles, including observing basic traffic safety rules when driving, developing proficiency in handling a vehicle in difficult situations, wearing a seat belt, ensuring that others wear seat belts*
- Carry appropriate emergency equipment, and using latex gloves when assisting individuals who are injured
- Practice safe behavior in recreational activities, even in the absence of adults
- Practice safe behavior in and near water
- Report or obtain assistance when faced with unsafe situations
- Identify environmental factors that affect health and safety
- Demonstrate how peers can help each other avoid and cope with potentially dangerous situations in healthy ways

## Alcohol, Tobacco, and Drugs

- Exercise self-control*****
- Develop and use interpersonal and communication skills such as assertiveness, refusal, negotiation, and conflict resolution*****
- Avoid, recognize, and respond to negative social influences and pressure to use alcohol, tobacco, or other drugs*****
- Use positive peer pressure to help counteract the negative effects of living in an environment where alcohol, tobacco, or other drug abuse or dependency exists*****
- Identify ways of obtaining help to resist pressure to use alcohol, tobacco, or other drugs*****
- Distinguish between helpful and harmful substances
- Differentiate between the use and misuse of prescription and nonprescription drugs
- Identify and participate in positive alternative activities, such as alcohol, tobacco, and drug-free events
- Help to develop and support the school's no-use policy and work to support it

## Child Abuse, Including Sexual Exploitation (PC 11166)

- Identify ways to seek assistance if worried, abused, or threatened*****
- Avoid, recognize, and respond to negative social influences and pressure to become sexually active, including applying refusal skills when appropriate*****
- Recognize and avoid situations that can increase risk of abuse
- Develop and use assertiveness skills and learn self-defense techniques

## Emergencies

- Recognize emergencies and respond appropriately*****
- Develop and maintain with other family members a personal and family emergency plan, including maintaining supplies for emergencies, including supplies at home and supplies in their vehicle
- Identify appropriate use of local emergency services
- Use latex gloves when assisting individuals who are injured

**Expectation 4: Students understand and demonstrate how to play a positive, active role in promoting the health of his/her family.**

## Roles of Family Members

- Develop and use effective communication skills*****
- Seek assistance if living in a family where abuse of alcohol or other drugs exists (e.g., participating in a support group for teens who are the children of alcoholics)*****
- Support and value all family members
- Demonstrate ways to help support positive family interactions
- Practice health-promoting behaviors within the family
- Complete self-initiated activities beyond assigned chores to help support the family
- Identify safety hazards in the home and help to remove them

## Change in the Family

- Use effective strategies to cope with change in the family
- Develop a plan to facilitate transition from the role as a child to the role of an independent adult
- Discuss with parents plans to continue education beyond high school and develop a mutual understanding of how this will affect family roles and interactions

**Expectation 5: Students understand and demonstrate how to promote positive health practices within the school and community, including how to cultivate positive relationships with peers.**

## Friendship and Peer Relationships

- Know and use appropriate ways to make new friends*****
- Demonstrate positive actions toward others*****
- Resolve conflicts in a positive, constructive way*****
- Interact effectively with many different people, including both males and females and members of different ethnic and cultural groups*****
- Analyze appropriate behaviors in a dating relationship*****
- Demonstrate how to resist negative peer pressure
- Avoid demeaning statements directed toward others
- Promote positive health behaviors among peers
- Participate in group activities as a means of getting to know other people
- Respect the dignity of others
- Respect marriage

## School and Community Based Efforts to Promote and Protect Health

- Understand and follow school rules related to health
- Participate in school efforts to promote health
- Assume responsibility for helping to take care of the school
- Participate in community efforts to address local health and environmental issues
- Encourage others to be come involved in health-promotion efforts at school
- Analyze the impact of laws, policies, and practices on health-related issues
- Encourage others to become involved in health-promotion efforts at many different levels
- Access appropriately services available within the community
- Initiate and involve others in health-promotion efforts at school or in the community

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**Expectation 6: Students understand the variety of physical, mental, emotional, and social changes that occur throughout life.**

### Life Cycle

- Practice behaviors that will provide the option of healthy parenting later in life, such as avoidance of substance abuse*****
- Recognize and be prepared to adapt to the changes that occur during life, such as changes associated with young adulthood, pregnancy, middle age, or old age*****
- Develop and use effective communication skills to discuss with parents or other trusted adults the changes that occur during adolescence
- Recognize and acknowledge that different people progress through different stages of the life cycle at different rates
- Express support and compassion for others who are grieving
- Recognize and discuss with parents and other trusted adults questions regarding death and dying
- Review family histories and determine whether a genetic disorder exists in the family

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**Expectation 7: Students understand and accept individual differences in growth and development.**

## Growth and Development

- Demonstrate an understanding of individual differences*****
- Develop a realistic body image*****
- Recognize problems associated with not having a realistic body image
- Recognize the effects of performance-altering substances and avoid the use of those substances*****
- Adapt group activities to include a variety of individuals
- Promote acceptance of a range of body types and abilities
- Use scientific data as a basis for individual nutrition and fitness plans

## Mental and Emotional Development

- Identify, express, and manage feelings appropriately*****
- Develop and use effective communication skills*****
- Recognize one's own strengths and limitations
- Use coping strategies, including time-management skills
- Develop a focus on the future

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**Expectation 8: Students understand their developing sexuality, choose to abstain from sexual activity, and treat the sexuality of others with respect.***

## Sexuality

- Recognize and avoid situations that place one at risk of participating in sexual activity*****
- Avoid, recognize, and respond to negative social influences and pressure to become sexually active*****
- Demonstrate assertive and refusal skills and apply those skills to situations involving pressure to be sexually active*****
- Practice behaviors that support the decision to abstain from sexual activity*****
- Analyze messages about sexuality fro m society, including the media, identifying how those messages affect behavior*****
- Develop and use effective communication skills, including the ability to discuss with parents questions on sexuality
- Identify appropriate ways to show affection
- Identify ways to seek assistance if abused
- Evaluate what students can do to counteract the false norms portrayed in the media
- Statistics based on the latest medical information shall be provided to pupils citing the failure and success rates of condoms and other contraceptives in preventing pregnancy

**Expectation 9: Students identify information, products, and services that may be helpful or harmful to their health.**

## Products and Services

- Identify a variety of consumer influences and analyze how those influence affect decisions*****
- Use critical-thinking skills to analyze marketing and advertising techniques and their influence*****
- Recognize helpful products and services
- Seek care from the school nurse or school-linked services when appropriate
- Identify appropriate sources of health services for a variety of illnesses
- Develop and apply criteria for the selection or rejection of health products, services, and information
- Use critical-thinking skills to analyze the cost benefits of health care products and services
- Develop and use strategies for identifying and combating fraudulent or misleading health products, services, and information

## Products and Services/Food Choices

- Use critical-thinking skills to analyze marketing and advertising techniques and their influence on food selection*****
- Use valid nutrition information to make healthy food choices*****
- Use critical-thinking skills to distinguish facts from fallacies concerning the nutritional value of foods and food supplements*****
- Use critical-thinking skills to analyze weight modification practices and select appropriate practices to maintain, lose, or gain weight according to individual need and scientific research*****
- Use labels to compare the contents of food products
- Use unit pricing to determine the most economical purchases
- Use effective consumer skills to purchase healthy foods
- Adapt recipes to make them more healthy by lowering the amount of fat salt, or sugar and increasing the amount of fiber

# HEALTH FRAMEWORK ADDENDUM
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# 13. LIFE SKILLS AND MENTAL HEALTH

## 13-A. Personal and Social Skills Development

*Traditional health education has relied heavily on providing students with relevant health knowledge. The assumption has been that behavior which is unhealthy is the result of ignorance. Clearly, research does not support this practice (Flay, 1985; Lantz, et al, 1999). For example, a meta-analysis of smoking prevention programs for adolescents showed that the effects of "traditional" or "rational" approaches to influencing health behavior were small and insignificant (Bruvold, 1993).*

Recent research on HIV/AIDS, smoking, and drug use, supports the inclusion of personal and social skills development as an effective approach for attaining positive health behavior. Donaldson, Graham, Piccinin and Hansen 1995; Hansen and Myneal 1996, 1999; Baranowski, Perry and Parcel 1997; Tobler and Stratton 1997. Further credibility for emphasizing personal and social skills development can be found in a social influences model (Bandura, 1986; McGuire & Homans, 1982; Homans, 1974; Schinke & Gilchrest, 1981; Smith & Freire, 1997). This model recognizes and emphasizes the social environment as a critical factor in shaping health behavior. In addition to student factors, influences outside of the student such as the family, school, the faith community, cultural contexts, peer behavior, and media are of great importance.

The implications for health education are to provide some relevant health knowledge but also to build skills needed to recognize and resist negative influences. These skills need to be both personal (intrapersonal) and social (interpersonal). Skills development should include but not be limited to analyzing media messages, decision making, coping, assertiveness, refusing, validating perceived social norms, and resolving conflicts. To a great extent personal and social skills development is what has been missing from health education. This has resulted in ineffective efforts in promoting positive health behavior.

William Hansen offers the following insights on the state of the art of the research on substance abuse, delinquency, and other high risk behaviors. A key feature of the research is a focus on characteristics broadly known as risk and protective factors. We are at a stage of development where considerable effort and expertise is required to make programs work as they are intended. To create programs using life skills or social influence, researchers spend their time investigating which risk and protective factors are important to target for change and how this change should be accomplished. It is clear that all risk or protective factors are not equal. Researchers' new studies reinforce the concept that prevention is often the result of changing only a limited number of factors. Some examples of promising factors include peer norms, bonding to school, commitment to avoid risk behaviors and tolerance toward deviance. Life skills and social influences-based programs that target these factors hold great promise for effectively preventing risk behaviors.

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## 13-B. Mental Health Issues in Schools

One aspect of students' health and well-being that many educators tend to overlook is their mental health. Students' mental health is an essential factor in their attitudes toward themselves and their ability to succeed in a variety of settings both in and out of school. Yet it is understandable why educators may be uncomfortable dealing with this aspect of young people's development.

Students' mental health tends to be neglected in schools in large part because of the challenge of addressing it effectively and appropriately. Although teachers are often the first adults to see that a student may be experiencing emotional distress, teachers do not have the professional knowledge or expertise to "diagnose" or "treat" mental health problems. Ignoring the needs of the students, however, is not an option. Schools and districts should develop referral policies and procedures for mental health issues. These procedures need to be communicated clearly through sufficient staff training.

Psychological and counseling services are one of the eight components of a coordinated school health system. This component holds an important place in a well-designed school health program because there is a pressing need for it. Adelman (1998) notes that "between 12% and 22% of all children suffer from a diagnosable mental, emotional, or behavioral disorder, and relatively few receive mental health services." According to Adelman , "Counseling, psychological and social services are essential for youngsters experiencing severe and pervasive problems. These problems include:

- *Inadequate basic resources* such as food, clothing, housing and a sense of security at home, school and in the neighborhood;
- *Psychosocial problems* such as difficult home relationships at home and at school; emotional upset; language problems; sexual, emotional, or physical abuse; substance abuse; delinquent or gang-related behavior; psychopathology;
- *Stressful situations* such as being unable to meet the demands made at school or at home, inadequate support systems, and hostile conditions at school or in the neighborhood;
- *Crises and emergencies* such as the death of a classmate or relative; a shooting at school, or natural disasters such as earthquakes, floods or tornadoes;
- *Life transitions* such as the onset of puberty, entering a new school, and changes in life or family circumstances (moving, immigration, loss of a parent through divorce or death)."

Seen in this light, the mental health needs and challenges among students take on a more recognizable and everyday nature. A key question, then, is how can schools work with the families and community supports to address these needs appropriately and effectively. The following statutes specify the referral procedures for mental health concerns and more detail on them will be found in Section 17, Strategies to Address the Needs of Special Populations. The protection of education rights for students with disabilities is guaranteed by the following:

1. California Special Education Programs: A Composite of Laws Database Education Code, Part 30, Other Related Laws and California Code of Regulations, Title at http://www.cde.ca.gov/spbranch/sed/lawsreg2.htm
2. A *Composite of Laws, 2002, 24th Edition.*. (CDE Press at (800) 995-4099 and in January 2002 at http://www.cde.ca.gov/spbranch/sed/compordr.htm)
3. The Federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 and following and 34 C.F.R Parts 300 and 303);

4. Section 504 of the Federal Rehabilitation Act (29 U.S.C. 705 (20) and 794 and 34 C.F.R Part 104);
5. The Federal Americans with Disabilities Act (ADA) (42 U.S.C. 12101-12213, 47 U.S.C. 225, 611 and 28 C.F.R. Part 35);
6. Part 30 (commencing with Section 56000) of the Education Code and Title 5 (commencing with Section 3000) of the California Code of Regulations;
7. Chapter 26.5 (commencing Section 7570 of Division 7 of Title 1 of the Government Code

Although not specifically identified in the Instructional Guidelines section of the Health Framework as part of a distinct "mental health" category, numerous themes closely associated with mental health are woven throughout the description of the health curriculum in Chapter 3. These include:

- Mental and emotional health;
- Growth and development;
- Alcohol, tobacco, and other drugs;
- Child abuse, including sexual exploitation;
- Roles of family members;
- Change and the family;
- Friendship and peer relationships;
- Sexuality.

Adelman recommends utilizing school-based strategies for prevention, intervention, and treatment. After professional assessment of students' needs, services from school personnel such as counselors, psychologists, social workers, and nurses should be implemented. A link between school and community programs and services should be established. Providing students with appropriate resources, opportunities, skills development, and formal instruction will give them the support they need.

All programs and services should include policies and appropriate staff training to recognize the "triggers" for the referral of students for professional assessment of needs. These policies must be in compliance with the Individuals with Disabilities Education Act (IDEA) 1997. A check list of IDEA criteria is available on the CDE website: http://www.cde.ca.gov/spbranch/sed. Also see the section on Education for Students with Disabilities.

# 13-C. California Public Mental Health System and Schools

California has a decentralized public mental health service delivery system with most services for adults and children provided through the county mental health departments. Many communities have multiple providers of mental health services. Most insurance, health maintenance organizations, and public insurance providers such as Healthy Families provide coverage for mental health services. The public mental health system is intended to provide a safety net for people who have no other resources.

County mental health professionals can be accessed primarily by the Individualized Education Program (IEP), school psychologist or nurse. These health professionals can be valuable assets to the school health councils and multidisciplinary school health teams. They can help set up systems for student referral and provide mental health expertise. In addition, the local mental health department is responsible for the administration and delivery of several publicly funded services for children and youth. Collaboration between schools and the public mental health system provides an opportunity to maximize cost effectiveness and to meet students' unmet needs that can interfere with academic success.

## CHILDREN'S PROGRAMS

### Medi-Cal (including Early Periodic Screening, Diagnosis and Treatment)

Medi-Cal (California's name for the federal Medicaid program) is a health insurance program that provides "medical assistance" for low-income individuals. It is funded through a state and federal partnership. Federal statutes require states to provide diagnostic and treatment services to Medicaid recipients under the age of 21 regardless of whether the state provides the same benefits under its State Medicaid Plan. In response, California has expanded the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program Funds can also be used to provide substance abuse services to children with co-occurring mental illness and substance abuse diagnoses when necessary to ameliorate the mental health problems of the child.

The Medi-Cal mental health care benefit is the most important piece of community based services available to low income pupils and families. It is an important resource for school professionals who seek to support families in meeting the needs of pupils identified, formally or informally, as experiencing behavioral or emotional difficulties.

### Array of Medi-Cal Services

The public mental health system, generally delivers the following array of community and hospital based services through a network of 58 counties:

- Pre-crisis and Crisis Services
- Comprehensive Evaluation and Assessment
- Individual, Family and Group Services
- Medication Education and Management
- Case Management
- Twenty-four Hour Treatment Services
- Therapeutic Behavioral Services
- Habilitative and Intensive Day Treatment
- Vocational Rehabilitation
- Residential Services (Hospital)
- Services for Homeless Persons

These services are provided or arranged by the local mental health departments, except for the provision of state hospital services.

**Special Education Program**

"Interagency Responsibilities for Providing Services to Handicapped Children," Chapter 26.5 of the Government Code (AB 3632, Chapter 1747, Statutes of 1984), combines educational and mental health resources in an interagency delivery model to provide specialty mental health services to students in conjunction with the educational system. This federally mandated program is an important entitlement for pupils needing the specific supports of mental health services to achieve academic success. This interagency program designates the county mental health programs as being responsible for providing mental health services to pupils who require special education who have been determined to need mental health treatment to benefit from their education, and who have exhausted all regular school counseling services and still need additional counseling The referral process and assessment process is very stringent and the policy must be clearly defined and communicated to staff.

**Children's System of Care (CSOC)**

Another program with the Department of Mental Health is the CSOC. In 1987, legislation was enacted (AB 377, Chapter 1361) that encouraged the development of organized, community-based CSOCs for Emotionally Disturbed children. Based on the success of a planning model developed in Ventura County the components for an organized CSOC require that: 1) the target population be children and youth with an ED; 2) that services be culturally competent and child/family centered; 3) that families be an integral part of the service planning and delivery; 4) and that children should, whenever possible, be served at home or in the most home-like setting possible. Additionally, since the system recognizes that many children receive services from more than one agency, e. g., juvenile justice, education, social services, child welfare and mental health, services should involve formal collaboration and coordination among such agencies. . Currently, there are 53 CSOC counties serving an estimated 50,000 children in California. CSOC activities typically interface with special student study teams on campus, or school attendance review boards working to meet the needs of pupils with intense emotional or behavioral needs.

**Early Mental Health Initiative**

The Early Mental Health Initiative (EMHI) is part of the continuum of mental health services administered by the Department of Mental Health. As a preventive service for children, the EMHI was established to fund 3 year demonstration programs, which serve young, school aged children in kindergarten through third grade who are identified as having moderate school adjustment problems. The purpose of the EMHI is to ensure that such identified children have a good start in school and to increase the likelihood of their future school success.

HEALTH FRAMEWORK ADDENDUM

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## 14. GUIDELINES FOR EVALUATING WEB SITES

Growing numbers of Americans are turning to the Internet to obtain health-related information. Increasingly they include educators specializing in school health.

The availability of virtually unlimited information is one of the great advantages of the World Wide Web, but it is also a potential problem, especially with regard to health-related information. "With a click of the mouse," observes the International Food Information Council (1999), "a word-of-mouth phenomenon can be multiplied exponentially via the World Wide Web or electronic mail and result in questionable nutrition, food, safety, and health stories being sent directly to your computer." Kotecki and Chamness (1999) emphasize that "To ensure proper information use, consumers must be able to separate credible WWW sites from noncredible sites."

One way to evaluate Web sites is through online "reviews" and discussions with other school health professionals. Another is to bookmark Web sites that have proven reliable in the past and refer primarily to those sites and recommended links found on those sites. Several other guidelines can be helpful when reviewing Web sites:

- Be wary of Web sites that are designed primarily to promote or sell products and programs.
- Look beyond personal anecdotes and isolated examples; solid empirical research is preferable.
- Make sure you can identify the source of the information. Established organizations and government agencies are likely to be more reliable than unknown or unrecognizable sources. Web sites ending in ".gov" or ".edu," for example, are developed by official governmental and educational organizations.
- The Healthy Kids Resource Center updates and evaluates the Web sites included in its "Links" list on a regular basis. The HKRC Web address is: http://www.californiahealthykids.org
- Maintain a questioning attitude; do not take information at face value.
- When researching curriculum or programs, be sure to refer to the Checklist for Evaluating Research-Based Practices.

The table below includes an evaluation tool designed to help users of Web sites make well-informed decisions about their accuracy and utility.

**Health-Related WWW Site Evaluation Tool**[1]

Title:_____

URL: http://_____

Date: _____

Evaluator: _____

| **INFORMATION** | | |
|---|---|---|
| **Criterion 1: Scope** | **Y** | **N** |
| A. Many different aspects of the topic are presented. | | |
| B. Each aspect is presented in depth. | | |
| | | |
| **Criterion 2: Accuracy** | | |
| A. The information is consistent with other resources on the topic. | | |
| B. The information presented is properly referenced. | | |
| C. The information is based on scientific data published in refereed journals. | | |
| D. The site includes a disclaimer. | | |
| | | |
| **Criterion 3: Authority** | | |
| A. The author(s)/organization(s) supplying the information are identified. | | |
| B. The author(s)/organization(s) are recognized in the field. | | |
| C. The credentials of the author(s) are identified. | | |
| D. The author(s) are writing in their discipline. | | |
| | | |
| **Criterion 4: Currency** | | |
| A. The information presented is up-to-date. | | |
| B. The information builds on previous knowledge. | | |
| | | |
| **Criterion 5: Purpose** | | |
| A. The purpose of the site is identified. | | |
| B. The information is appropriate for the intended purpose. | | |
| C. The intended audience is specified. | | |
| D. The source of funding for the site is identified. | | |
| | | |
| **DESIGN** | | |
| **Criterion 6: Organization, Structure, and Design** | | |
| A. The information presented in the site is well-organized. | | |
| B. The terminology used is meaningful to the subject area. | | |
| C. The site contains a table of contents or provides an organizational structure to easily access content. | | |
| D. The site contains specific links to data references. | | |
| E. The site contains internal search engines. | | |
| F. The document has a distinguishable header and footer. | | |
| G. The major headings and subheadings are identifiable. | | |
| H. The loading time for the site is reasonable. | | |
| I. The site's creation date is clearly displayed. | | |
| J. The date of the last revision is clearly displayed. | | |
| K. The reading level and material presented is appropriate for intended | | |

| | | |
|---|---|---|
| audience. | | |

Suggestions for rating: Tally the number of Y's for both major categories and rate the site using the following scale:

**Information:**
13-16: Credible site: convincing evidence exists
7-12: Ambivalent site: inconclusive evidence exists
0-6: Red flag site: insufficient evidence exists

**Design:**
6-11: Accommodating site (easy to navigate)
0-5: Hindering site (difficult to navigate)

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[1]Adapted from: Kotecki, J.E. and Chamness, B.E. A valid tool for evaluating health-related WWW sites. *Journal of Health Education*, January/February, 1999, vol. 30., no. 1: 56-59.

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## 15. SAFE SCHOOLS AND VIOLENCE PREVENTION

A. Safe Schools

Ensuring a safe and healthy learning environment that manages and minimizes conflict effectively and requires the collaborative effort of all school staff, as well as the involvement of parents and community partners, such as law enforcement and local mental health service providers. Student support services personnel, such as school psychologists, counselors, nurses, social workers, child welfare and attendance supervisors and community partners must work as a team to assess needs and assist teachers and parents with programs and services that support academic achievement and healthy development for all students.

The Safe Schools and Violence Prevention Office offers assistance to county offices of education, school districts, and schools through programs to address school safety. The School/Law Enforcement Partnership (S/LEP) provides information, publications, conferences, and technical assistance on school safety through the services of its Cadre members—a group of professionals from law enforcement, education, and youth-servicing agencies. The S/LEP program is managed jointly by the California Department of Education's Safe Schools and Violence Prevention Office (916) 323-2183 and the Attorney General's Crime and Violence Prevention Center (916) 322-2735.

Education Code Section 35294 directs K-12 public schools to develop a comprehensive school safety plan by coordinating with school personnel, parents, students, and local law enforcement representatives when developing site-based safe school plans. These plans must (1) identify comprehensive approaches to campus, student, and staff safety; (2) demonstrate how the school's vision incorporates school safety; (3) include the assessment of incidents of recent school crime, areas of desired change, and expected measurable outcomes; and (4) show a collaboratively designed action plan for implementing site-appropriate safety programs and strategies, including the expected fiscal impact for executing them. Schools are to integrate their safe school plan with other school improvement activities to prevent or reduce violence and provide or maintain a high level of safety conducive to learning. Contact the School/Law Enforcement Partnership program for detailed information at either the Safe Schools and Violence Prevention Office website: www.cde.ca.gov/spbranch/safety or the Crime and Violence Prevention Center website: http://caag.state.ca.us/cvpc

The connection between problem solving and partnering is the focus of the School Community Policing Partnership Program. This program offers an opportunity for education agencies and policing agencies to analyze problems and develop solutions through innovative and collaborative thinking. Section 32296.3 of the *Education Code* defines "school community policing" as an approach to safe schools in which schools, law enforcement community agencies, and the members of the surrounding school community collaboratively develop long-term solutions to address the underlying conditions that affect the level of school safety. Contact the School/Law Enforcement Partnership program for detailed information at either the Safe Schools and Violence Prevention Office website: www.cde.ca.gov/spbranch/safety or the Crime and Violence Prevention Center website: http://caag.state.ca.us/cvpc

California Safe Schools Assessment is a program designed to measure the incidence of school crime in California's public schools as mandated by *Penal Code* sections 628 et seq. The data provides the Legislature with a comprehensive understanding of the most pressing crime and safety issues confronting students, teachers, administrators, and community members in their local schools; measures the safety needs of schools and students; provides the basis for decisions on resource allocation; and establishes a priority direction for prevention programs to be funded at the state level. Contact the Safe Schools and Violence Prevention Office for information.

The Carl Washington School Safety and Violence Prevention Act (AB 1113, Chapter 51, Statutes of 1999) provides entitlements based on student enrollment in grades 8-12 to school districts and county offices of education for school safety. Funds can be used for strategies such as hiring personnel training in conflict resolution, providing on-campus communication devices, establishing staff training programs, and establishing cooperative arrangements with law enforcement. Contact the Safe Schools and Violence Prevention Office for information.

B. Threat Assessment

Threat assessment is a complex concept; the delineation of one threat from another depends on the individual involved in making the threat, the threat itself, and the intended victim or victims of the proposed threat. Since each situation is unique, it is important to view threat assessment as a process whereby each separate case is handled very carefully, and the assessment is made in relation to the specific case and not generalized to other cases. Profiling (the use of behavioral or demographic characteristics to identify types of individuals likely to become violent) and the use of checklists or other standardized assessment instruments have not proven to be effective in assessing individual cases (Reddy, M. et al, 2001), and when used inappropriately they may result in stereotyping and inappropriate action.

The *California Education Code* addresses the issue of violence, including threats, in Section 48900 et seq, which outline the grounds for suspension and expulsion. Specifically, Section 48900 authorizes suspension or a recommendation for expulsion of any student who has "caused, attempted to cause, or threatened to cause physical injury to another person;…". *Education Code* sections 48900.2, 48900.3, 48900.4, and 48900.7 further authorize suspension or a recommendation for expulsion when a student commits sexual harassment; hate violence; harassment, threats, or intimidation; or terrorist threats against school officials, school property, or both, as defined. Behavior that qualifies for sanction under these sections is defined as "sufficiently severe or pervasive to have the actual and reasonably expected effect of materially disrupting classwork, creating substantial disorder, and invading the rights of that pupil or group of pupils by creating an intimidating or hostile educational environment." (*Education Code* section 48900.4)

Section 48900.7 defines "terrorist threat" as "…any statement, whether written or oral, by a person who willfully threatens to commit a crime which will result in death, great bodily injury to another person, or property damage in excess of one thousand dollars ($1,000), with the specific intent that the statement is to be taken as a threat, even if there is no intent of actually carrying it out, which, on its face and under the circumstances in which it is made, is so unequivocal, unconditional, immediate, and specific as to convey to the person threatened, a gravity of purpose and an immediate prospect of execution of the threat, and thereby causes that person reasonably to be in sustained fear for his or her own safety or for his or her immediate

family's safety, or for the protection of school district property, or the personal property of the person threatened or his or her immediate family."

# A VIOLENCE PREVENTION AND TARGETED THREAT ASSESSMENT PROCESS

A violence prevention and targeted threat assessment process includes three important elements:

1. A clearly understood system for safe and confidential reporting of threats
2. Ongoing staff development
3. A preventive assessment process

The first element is a **safe and confidential reporting system**, known and understood by all students, and developed by the local school to meet their unique needs. Students need to be educated in the importance of reporting threats of violence to the proper school authorities and to realize that remaining silent can be dangerous to themselves as well as to others. Violence prevention training for students may include interpersonal communication, conflict resolution, anger management, coping with depression, family tensions, and identifying and reporting threatening behavior. (O'Toole, 2000) Possible reporting methods include an anonymous phone line, a drop box alert form, the designation of adults as 'safe contacts' who are trained to effectively handle such reporting, and a 'safe room' monitored by a trained adult.

The second element is an **ongoing staff development program** that prepares all staff to work together to develop a safe campus. Staff development programs should be chosen carefully to meet the needs of the local school site staff and include training in targeted threat assessment and the social/emotional development of students. Specialized training is needed for those assigned to conduct or supervise the targeted threat assessment process. A needs assessment of the school climate is conducted to determine at what point on the learning continuum (awareness, knowledge, or skills) the staff development needs to begin. For professional development training, contact your county office of education, the local department of mental health, the California Department of Education, the Attorney General's Office, or the local law enforcement agency and inquire about training in safe schools planning, classroom management, crisis prevention and response, or hate motivated behavior.

The third element is a **preventive assessment process** to identify students with the potential for violence. There is no common profile or set of characteristics that applies to the perpetrator of targeted violence; therefore, "violence is seen as the product of an interaction among the perpetrator, situation, target, and the setting." (Reddy, M. et al, 2001, p. 167) It is very difficult to distinguish between making a threat and posing a threat. Relying solely on zero tolerance policies has not always proved effective and can create legal entanglements for schools and school districts. In working with students, who may pose a threat, the following process is recommended:

1. Interview the individual student. Try to determine if the student is hostile or depressed, if there is a desire to harm self or others, if the student has made a specific plan and logistical preparations to carry out that plan.

2. Corroborate the findings of the interview with cumulative behavioral, emotional, and academic records. Check the records to determine if there is any history of school

problems, family problems, isolation, or a history of social exclusion or bullying by peers.

3. Check with the adults, teachers, parents, and community members, who interact on a daily basis with the student. Interview these adults to determine if threats have been made, a plan has been revealed, student behavior has recently changed, or the student has had a recent loss or traumatic experience. An intervention team of student support services personnel should be available to support this process.

4. Elicit the help of skilled professionals to determine if the findings warrant further investigation or reporting. Consult with the school counselor, school psychologist, or other mental health professional and develop a plan of involvement and support for the student.

5. Report to school officials and law enforcement authorities if there is suspicion of a threat or a threat has been made to self or others. A procedure between schools and law enforcement agencies for the investigation of threats should be developed.

A targeted threat does not appear in isolation and usually involves more than one member of the school community; therefore, effective threat assessment and prevention must be a community or collaborative effort. School officials, student support services and mental health personnel, faculty and staff, parents, and law enforcement all must collaborate to develop and implement strategies that prevent threats and violence. Multidisciplinary school site teams should be used to identify strategies and resources to help individual students as well as school-wide prevention programs. Prevention programs that can be used, in addition to the threat assessment process, include volunteer mentors, parent volunteer programs, peer counseling, school counseling, school resource officers, public service announcements to encourage students to report disturbing behavior or threats, peer assistance groups, parent education teaching parents and guardians how to recognize possible 'early warning signs' of trouble in their children and how to get help, student assistance programs, and lunch 'buddy' programs where adults interact with students.

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## 16. SUICIDE

A more subtle form of violence is harm to oneself and it takes various forms from eating disorders to suicide. Suicide is the third leading cause of death in young people from ages 15 and 24 years old and the fourth leading cause of death in children between the ages of 10 and 14 years. Although females attempt suicide more often, males are four times more likely to die from suicide than females.

The percentage of young suicide victims who tell someone beforehand of their plans is widely disputed among specialists in the field of adolescent suicide. However, it is generally agreed that many young people do alert someone, more often than not, a peer, of their impending plan to take their own life. Research from the American Association of Suicidology shows that students are not as likely to tell an adult, as they are another child closer to their own age. Thus, teachers and other educators need to watch for prolonged periods of moodiness or depression in any of their students. When a teacher has a concern or receives information that may cause concern, referrals to experienced student support services personnel (e.g. school counselors, school psychologists, school social workers, or school nurses) and/or community mental health specialists should be made to determine risk factors and need for counseling. It is important that students be encouraged to tell parents, teachers, administrators, counselors, and other student support personnel if they, or someone they know, if they are having thoughts of suicide has suicidal thoughts or other risk factors.

The purpose of an analysis from the U. S. Department of Health and Human Services suggests that strategies can be grouped into two areas: those for enhancing identification and referral and those for directly addressing risk factors. Education for school personnel in both these areas is essential. Suicide prevention programs included in the health curriculum have been met with mixed results.

Based upon a National Strategy for Suicide Prevention, a collaborative effort of Substance Abuse and Mental Health Services Administration, Centers for Disease Control Prevention, National Institutes of Health, and Health Resources and Services Administration, has proposed goals and objectives for enhancing identification and referral, and for directly addressing risk factors. The following goals and objectives for suicide prevention are based on the National Strategy for Suicide Prevention:

1. Promote awareness that suicide is a public health problem that is preventable
2. Adopt broad-based support for suicide prevention
3. Adopt strategies to reduce the stigma associated with being a consumer of mental health, substance abuse, and suicide prevention services
4. Adopt suicide prevention programs
5. Promote efforts to reduce access to lethal means and methods of self-harm
6. Implement training for recognition of at-risk behavior and delivery of effective treatment
7 Adopt effective clinical and professional practices
8. Improve access to and community linkages with mental health services and substance abuse services
9. Improve reporting and portrayals of suicidal behavior, mental illness and substance abuse in
10. Promote and support research on suicide prevention
the entertainment and news media

The implementation of these goals and objectives require the training of school personnel which should be included in district staff development training plans.

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National Strategy for Suicide Prevention (reference to gender - "males are four times more likely to die from suicide than are females") is a collaborative effort of Substance Abuse and Mental Health Services Administration, CDC, National Institutes of Health and Health Resources and Services Administration www.mentalhealth.org/suicideprevention

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## 17. Strategies to Address the Needs of Special Populations

### A. Education for Students with Exceptional Needs

The United States Congress has declared: "Disability is a natural part of the human experience and in no way diminishes the right of individuals to participate in or contribute to society. Improving educational results for children with disabilities is an essential element of our national policy of ensuring equality of opportunity, full participation, independent living, and economic self-sufficiency for individuals with disabilities."
Advances in science and technology in conjunction with society's increased commitment to promoting optimal learning and development for all children, have increased the opportunities for individuals with exceptional needs to better realize their own potential. However, these advances also bring with them substantial challenges for families, schools, communities and society as a whole. In order to meet these challenges in an effective, efficient and safe manner, experts in education, health, social services, law, financing and municipal services must collaborate with families and communities to identify and promote those practices and programs which will enhance the quality of the lives of these students.
The protection of education rights for students with disabilities is guaranteed by the following:

- The federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 and following and 34 C.F.R. Parts 300 and 303);
- Section 504 of the federal Rehabilitation Act (29 U.S.C. 705 (20) and 794 and 34 C.F.R. Part 104);
- The federal Americans with Disabilities Act (ADA) (42 U.S.C. 12101-12213, 47 U.S.C. 225, 611 and 28 C.F.R. Part 35);
- Part 30 (commencing with section 56000) of the Education Code and Title 5 (commencing with Section 3000) of the California Code of Regulations;
- Chapter 26.5 (commencing Section 7570 of Division 7 of Title 1 of the Government Code.

Of the three federal legislative pieces, only the IDEA is specifically education oriented. Section 504 of the Rehabilitation Act and the ADA are civil rights legislation concerned with discrimination and equal access, and as such, guarantee students with disabilities, an education comparable to that provided to non-handicapped students.
(Detailed information for the above can be found in the references.)

**Staff Training**
Staff development programs must be provided for regular and special education teachers, administrators, certificated and classified employees, volunteers, community advisory committee members and, as appropriate, members of the district and county governing boards, including, but not limited to, the provision of opportunities for all school personnel, paraprofessionals, and volunteers to participate in ongoing development activities pursuant to a systematic identification of pupil and personnel needs. Article 3 (commencing with Section 56240) of Chapter 3 of Part 30 of the Education Code requires that staff programs be provided.

**References**

**California Special Education Programs: A Composite of Laws Database Education Code, Part 30, Other Related Laws and California Code of Regulations, Title at:**
http://www.cde.ca.gov/spbranch/sed/lawsreg2.htm

**A Composite of Laws, 2002 24th Edition CDE Press (800) 995-4099 or:**
http://www.cde.ca.gov/spbranch/sed/compordr.htm

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Code of Federal Regulations: http://www.access.gpo.gov/nara/cfr/crf-table-search-html

## B. Pregnant and Parenting Teens

Teen pregnancy is one of the most pressing and poignant problems facing our society with both personal and social costs. It is a complex issue of physical, social, cultural, and economic factors that have a myriad of ramifications for individuals, families, communities, the state, and the nation.

According to *A Report to the Legislature by Delaine Eastin, April 1996,* teen pregnancy is a challenge not only to teens, their children, and their families, but also results in resource pressures for state and local government and society as a whole. The educational system faces many challenges as a result of the following facts:

- Pregnant and parenting responsibilities are the number one reason females drop out of school,
- There is a high correlation between low basic skills and teen pregnancy,
- There is a high correlation between low birth weight infants and the need for special education services, and
- Pregnancy in the under 15-year-old age group is increasing.

### Strategies for Success for Pregnant and Parenting Teens

The California School Age Families Education (Cal-Safe) Program, established by chapter 1078, Statutes of 1998, became operational in July 2000. It is designed to increase the availability of support services necessary for enrolled pregnant/parenting students to improve academic achievement and parenting skills and to provide a quality child care and development program for their children. This comprehensive, community-linked school-based program builds upon education reform initiatives, assures a quality education program with high standards for enrolled students, and mandates accountability of local education agencies (LEAs) for performance of students and their children in meeting program goals. Comprehensive health education is one of the allowable expenditures of Cal-SAFE Program funding. For more information, refer to CDE's Cal-SAFE Program webpage (www.cde.ca.gov/calsafe).

Through existing school resources or collaboration with community partners such as the Adolescent Family Life Program (AFLP) and Cal-Learn Program, schools can coordinate strategies to support pregnant/parenting students access to necessary support services such as perinatal care, child care, and transportation. Within the education system, strategies for

addressing their special needs related to their pregnancy and/or parenting status include the following:

- *Health education*: The period of pregnancy/parenting provides a very teachable moment for health education. Teen parent(s) should be taught health and care for their child and themselves. Not only should the pregnant mothers be more aware of their own bodies but both the teen mothers and fathers should be concerned about the health of their child. An effective strategy is to modify the content areas of the health education curriculum to focus upon the unique needs and current priorities of these students. For example, tobacco prevention education is more relevant when discussed in terms of the effects of smoking on the unborn child and secondary smoke on their children. Pregnant/parenting teens are assuming adult responsibilities and this is an opportunity for them to develop healthy lifelong habits and be positive role models for their children.

- *Nutritious meal supplements, education, and counseling:* Good nutrition is a crucial part of prenatal and postnatal care. Pregnancy intensifies the nutritional needs of teenagers, particularly for increased requirements of calcium, protein, and certain vitamins and minerals. Teen mothers need to make sound nutrition decisions for the well being of the child. Poor diet and improper weight gain/loss can result in poor outcomes for the child such as low birthright and prematurity. Teen parents also need to know appropriate feeding patterns, including breastfeeding, for their child as he/she moves through the infant, toddler, and preschool stages. Teen parents must also develop responsible, positive eating habits so they are a good role model for the child.

- *Physical education program*: One of the most neglected aspects of a pregnant/parenting student's educational experience is her physical education/fitness program. With physician approval, pregnant women who engage in a moderate level of physical activity can maintain cardiorespiratory and muscular fitness throughout pregnancy and the postpartum period. There should be an individualized physical education/fitness program under the direction of a physician, that promotes a pregnant teen to safely engage in physical activity that strengthens and tones muscles, improve stamina and endurance, and improves general health is important

    - *Counseling/Case management:* Teen pregnancy/parenting not only impacts the teen parents and their children, but also the adult parents, siblings, and extended family. It is a time of profound change and may cause friction between the teen mother and the father of her child as well as the families of these young parents. Schools may need to provide individual or family counseling either directly or through referral to a public or private mental health agency. Peer support groups and counseling may be available through school programs targeting the special needs of pregnant/parenting students and their children. Support services for grandparents, siblings, and teen/adult fathers of babies born to teen mothers may be needed to assist these students to succeed in school.

    - *Prenatal education and service referral:* Pregnant women, regardless of age, need early referral to prenatal education and care in order to increase the positive birth outcomes for mother and child. Pregnant teens may delay accessing health care for a variety of reasons. School nurses and staff working in programs for pregnant/parenting students, can promote positive birth outcomes by providing appropriate health education instruction, including reproductive health care, and referring students to community agencies and programs that address needs of pregnant women.

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**C. Students Living in Homeless Situations**

In California, an estimated 222,000 children and youth ages birth to 18 years of age live in homeless situations, as defined by Education Code Section 1981.2, during all or part of the year. These students present special challenges to teachers, administrators, counselors and other school staff. Education Code Section 48200, the compulsory attendance law, requires school attendance for children ages 6-18. Federal law, the Improving America's Schools Act (IASA), (PL103-382), Title I, Part A, requires local education agencies to reserve funds to provide services to Title I eligible homeless children and youth, including educationally related support services. The Stewart B. McKinney Homeless Assistance Act (PL100-77), provides assistance to ensure that homeless youth have equal access to a free, appropriate public education. District policies and procedures must be in place to ensure that homeless children and youths are not denied the opportunity to enroll in, attend and succeed in school.

Outreach and awareness are key components in overcoming barriers to educating homeless children and youth. School districts may assist with transportation services to encourage consistent attendance and continuity of instruction. In-service training should be provided to district and school personnel to foster understanding of the issues and needs facing homeless students and create a positive learning environment. To enroll a child in school, families must meet certain requirements and provide appropriate documentation, which often present obstacles for those living in homeless situations. School personnel can satisfy the enrollment requirements with alternative documents to facilitate the enrollment of homeless children and youth. Some of the conditions that must be met include residency requirements, placement in school of origin or attendance, and documentation verification. Records are required to verify birth date, grade-level, immunization, parent or guardianship, and emergency notification. To verify that a child has received the necessary immunizations to enroll in school, an immunization record from a health clinic, doctor, school or social service agency is needed. If the information is unobtainable or the child has never been enrolled, school officials should direct the family to the nearest health clinic or provider. Emergency notification information should be available on the standard school emergency card, and a medical release from the parent or guardian should be obtained. If a parent or guardian cannot be reached in an emergency, normal policies and procedures should be followed for providing care to the student.

Additional information on these and other issues surrounding the education of children and youth living in homeless situations can be found in these publications:

1) Enrolling Students Living in Homeless Situations, 1999. California Department of Education, Sacramento, CA.

2) Pieces of the Puzzle: Creating Success For Students in Homeless Situations, 1997. Office for the Education of Homeless Children and Youth, University of Texas at Austin Dana Center, Austin, TX.

**D. Issues and Programs for Foster Youth**

Foster Youth Services (FYS) programs provide support service to reduce the traumatic effects of having been displaced from family, schools, and placement. FYS programs have the ability and authority to ensure that health and school records are obtained to establish appropriate placements and coordinate instruction, counseling, tutoring, mentoring, vocational training, and emancipation services for foster children and youth. These services are designed to improve the children's educational performance and personal achievement.

There are currently approximately 105,000-110,000 foster children in California. When foster children experience changes in care and school placements, they face the stresses of falling behind academically, losing academic credit, and losing contact with persons who are aware of their health and welfare needs. In 1999-2000, Foster Youth Services projects served about 3,400 foster youth; countywide programs provided services for approximately 13,000 foster youth residing in group homes. Data collected from providers of foster youth services programs demonstrates that these services have resulted in major quantitative improvements in pupil academic achievement, incidence of pupil discipline problems or juvenile delinquency, and pupil dropout or truancy rates.

Schools are a natural focal point for identifying foster children's academic and behavioral problems and needs. Through interagency collaboration, foster youth services providers work with social workers, probation officers, group home staff, school staff, and community service agencies to influence foster children's day-to-day routine both during and after school. The Health and Education Passport (Education Code Section 49069.5) includes complete health and school records and is utilized to establish appropriate placements and coordinate instruction, counseling, tutoring, mentoring and other training and related services for foster youth. Accurate student level information facilitates appropriate placement, increases the stability of placements, and ensures that children receive appropriate support services that improve educational performance and personal achievement.

For additional information and resources, or to obtain a copy of the Report to the Governor and Legislature on Foster Youth Services Programs (Education Code Section 42923) dated February 15, 2000, please contact the Education Options Office at the California Department of Education, (916) 445-6217. www.cde.ca.gov/spbranch